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ABSTRACT

This Kids Count report details statewide trends in the well-being of Nevada's children. The statistical portrait is based on indicators of children's well-being in six areas: (1) early care and education; (2) health; (3) economic well-being; (4) education; (5) child safety; and (6) juvenile justice. The report begins with a listing of preventive factors, an overview of the report, Nevada demographic profile, Nevada child demographics, key facts about Nevada's children, the state as compared to the nation, and trends. The next section, and bulk of the report, presents data for each of the six primary indicator areas of child well-being and includes tables of the most recent data for each of the selected areas studied. Important findings indicate that in 1999, compared to the rest of the states and the District of Columbia, Nevada ranked: 25th in low birth weight babies; 13th in infant mortality; 11th in children living in poverty; 29th in single-parent families; 42nd in teen births; 18th in unmarried teen births; 51st in high school dropouts and graduates; 39th in teens not in school and not working; 32nd in child deaths; 28th in teen accidental deaths; 35th in teen homicide deaths; and 49th in teen suicide. The report concludes with a listing of references, including endnotes and general information. (SD)

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Nevada Counties

2000 NEVADA KIDS COUNT DATA BOOK

This book is dedicated to those who suffered in childhood and overcame great obstacles, and those who believe that no child should be required to do so.

Produced by

NEVADA KIDS COUNT

Center for Business and Economic Research, University of Nevada, Las Vegas

in collaboration with

Cooperative Extension, University of Nevada, Reno

School of Social Work, University of Nevada, Las Vegas

Nevada Title IV-B, Family Preservation and Family Support Steering Committee

Nevada KIDS COUNT Advisory Council

Foreword

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state and national discussions concerning ways to secure a better future for all children. At the national level, the principal activity of the initiative is the publication of the annual *KIDS COUNT Data Book: State Profiles of Child Well-Being*, which reports at least 10 leading indicators of child well-being in every state. The Nevada KIDS COUNT project is a statewide, collaborative effort that brings together the wide range of organizations and agencies involved with children and families in Nevada. The goals of the Nevada KIDS COUNT project are to:

- Identify the needs of Nevada's children by collecting the best available data on children and publishing and disseminating the *Nevada KIDS COUNT Data Book* annually;
- Educate policymakers and citizens by utilizing the Nevada KIDS COUNT data to spotlight current and ongoing problems facing Nevada's children;
- Advocate for action on behalf of children and families in Nevada by promoting the integration of Nevada KIDS COUNT data into decision-making processes at all levels in the state.

As we enter the dawn of the new millennium, the primary leadership for the Nevada KIDS COUNT project has been successfully transferred to the Center for Business and Economic Research at the University of Nevada, Las Vegas. The Center has led the data-collection endeavors for Nevada KIDS COUNT since its inception and will support existing efforts with the accountability and responsiveness necessary for project sustainability. In addition, a formal partnership has been developed with the School of Social Work at the University of Nevada, Las Vegas. The current research agenda of the faculty of the School of Social Work closely matches areas of interest to KIDS COUNT: Child Safety, Early Care and Learning, Economic Well-Being, Education, Health and Juvenile Justice. Our policy analysis and public-awareness efforts will surely be enhanced by the results of these joint efforts. All of our outstanding partners share with Nevada KIDS COUNT a commitment to improving the lives of Nevada's children by promoting their health and well-being from birth through adolescence. Their support is greatly appreciated, as are their respective efforts on behalf of Nevada's children. Hence, this newly configured and inclusive representation provides the broad-based support to ensure success in achieving the mission of the Nevada KIDS COUNT project in the new millennium.

The *2000 Nevada KIDS COUNT Data Book* provides a statistical portrait of the well-being of children in Nevada. To better reflect the release date and information presented, this data book is called the *2000 Nevada KIDS COUNT Data Book* (rather than 1999, although it sequentially follows the 1998-titled book). The information in this data book is important because it presents reliable, objective measures that allow localities to determine how they are serving the needs of families and children in their communities. Furthermore, it is the hope of Nevada KIDS COUNT that the 2000 Data Book will empower elected officials, community and business leaders, policymakers, administrators, advocates and other individuals to work toward improvements in the quality of life for all of Nevada's children.

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Preventive Factors: Promising and Proven Practices

"Inspiration and enthusiasm are of little value, unless they move us to action and accomplishment." - Jim Casey, Founder, Annie E. Casey Foundation

Gathering information and comparing statistics to our past performance and to statistics from other states are worthwhile activities. However, it is our sincere hope that the readers of this Data Book will use the information it contains to help develop programs and policies for the benefit of Nevada's children. It is important to remember that each bit of data represents a factor in the life of a real child in our state. We ask you to realize that each number on the "Infant Mortality" chart means that a Nevada family has lost a precious tiny child and will forever be changed. Each report of "Child Abuse and Neglect" represents a troubled family whose children will carry lifelong emotional scars. As parents, citizens and policymakers it is our duty to do what we can to help the most helpless members of our communities, our children. Strong, nurturing families are the foundation from which strong, healthy children emerge. We believe the right combination of incentives, investments and opportunities can improve conditions throughout the state in ways that support families and children. Supporting Nevada's families now is the best investment we can make for the future of our state.

The following Preventive Factors have been adapted from the *KIDS COUNT Missouri 1998 Data Book*, published by Citizens for Missouri's Children. These recommendations are based on research, on past experience and, in some cases, on good, old-fashioned common sense. They are promising and proven practices that can make a difference in the lives of our children. Space does not permit a complete listing of all Preventive Factors, but we ask that you help us by using these as a springboard for discussion and action.

Preventive factors against Low Birth Weight include:

- Adequate and early prenatal care, maternal education and nutritional services
- Early identification of women who are at high risk for giving birth to a low birth-weight or premature baby
- Strong social support networks for pregnant women
- Efforts that decrease births to teenaged girls
- Programs that educate women about the dangers of drug, alcohol and tobacco use during pregnancy

Preventive factors against Infant Mortality include:

- Quality prenatal care for pregnant women and pediatric care for all infants immediately after birth
- Education efforts regarding prevention and treatment of birth defects, neonatal drug addictions and AIDS
- Education efforts on the prevention of Sudden Infant Death Syndrome, including recommendations for placing babies on their backs to sleep
- Healthy home environments, including adequate housing and proper sanitation
- Child-abuse prevention efforts providing parenting support services rather than after-the-fact treatment
- Parent- and caretaker-education programs that document the tragic results of shaking babies and provide constructive, safe ways to soothe crying babies

Preventive factors against Poverty include:

- Jobs that pay a liveable wage
- Services that train individuals for jobs and help them find employment
- Support services for the working poor, including affordable child care, transportation and health care
- Income support for individuals who are unable to work
- Adequate and effective collection of child support for children in single-parent families
- Tax policies that ease the tax burden on low-income families

Preventive factors against Teen Pregnancy include:

- Strong parental communication with children regarding sexual issues
- School-based teen pregnancy reduction programs which target specific risk behaviors, address social and media influences and provide practice in communication skills, in order to delay the onset of sexual activity
- Increased levels of school success, including academic, social and leadership opportunities for teenage girls
- Increased access to reliable contraceptives
- Programs that target teen parents to reduce the occurrence of repeat pregnancies

Preventive factors against High School Dropouts include:

- Adequate preschool and early education programs that prepare students to learn
- Early identification of at-risk students
- Teachers who are able to identify and address cultural differences to reduce the dropout rates of minority students
- Corporate scholarship incentives to complete high school
- Tutorial programs for students whose first language is not English
- Alternative high schools with flexible hours for working teens and teen parents
- Programs that decrease the teen pregnancy rate
- Services that support teen parents' opportunities to continue in school, including child-care assistance and employment-training opportunities

Preventive factors against Child Deaths include:

- Quality, affordable health-care systems that emphasize prevention of disease and unintentional injuries
- Programs that encourage and support childhood immunizations against deadly or dangerous diseases
- Programs that ensure proper child nutrition, including WIC and free/reduced price meals at school
- Education regarding firearm safety in the home
- Proper and consistent use of car seats and bicycle helmets
- Access to safe playgrounds
- Education regarding home safety, including the advantages of smoke detectors, the dangers of lead paint and other toxins and the dangers of second-hand smoke
- Child-abuse prevention efforts

Preventive factors against Child Abuse and Neglect include:

- Home-visitation programs that provide health screenings, family support and parent education on child development and discipline methods
- Parent- and caretaker-education programs that document the tragic results of shaking babies and provide constructive, safe ways to soothe crying babies
- Substance-abuse prevention and treatment programs
- Local and statewide child-abuse prevention training programs and community outreach
- Allocation of public child-welfare resources to prevention and early intervention

Preventive factors against Juvenile Violent Crime include:

- Early identification of children with behavioral problems who could benefit from counseling, anger-management programs or other preventive measures
- Reduction in the rates of child abuse and domestic violence, which lead to antisocial behavior in victims
- Early intervention to provide intensive services for lawbreaking juveniles and their families before they become repeat offenders
- Effective programs to reduce substance abuse among juveniles
- After-school programs to reduce the number of unsupervised "latchkey" children
- Community- or school-based crime prevention programs that address issues such as substance abuse, anger management, gun control, gang violence and community policing
- Limited access to guns and other weapons
- Constructive alternative activities to violent and high-risk behavior
- Availability of residential mental health and substance-abuse treatment centers for juveniles

Preventive factors against Teen Deaths include:

- Educating teens on the potentially tragic consequences of operating a vehicle under hazardous conditions or when under the influence of alcohol or other drugs
- Educating teens on the dangers of alcohol and drugs, especially potentially fatal activities such as binge drinking and using inhalants
- Community- or school-based crime prevention programs that address issues such as substance abuse, anger management, gun control, gang violence and community policing
- Efforts to increase seat-belt usage and to encourage safe-driving habits
- Limited access to guns and other weapons
- Constructive alternative activities to violent and high-risk behavior

Preventive factors against Teen Suicide include:

- Better communication from parents, school counselors and church and community leaders, so teens know supportive adults are available in time of crisis
- Easily accessible mental-health support services, especially for high-risk groups such as homosexual teens
- Educating parents, teachers and counselors about the warning signs that a teen might be considering suicide
- Posting telephone numbers and information about suicide-prevention and crisis-intervention hotlines
- Limited access to guns and other weapons

Overview

What is the layout of the *2000 Nevada KIDS COUNT Data Book*?

As in previous books, this year's report has been designed to measure child well-being through categories of indicators reflecting critical issues for children from prenatal through adolescent stages of development. This year's Data Book maintains the same basic format as previous books, including demographic data, state-to-nation comparisons and selected trend data for the state as a whole. In addition, a new category has been included entitled "Early Care and Education" to reflect the importance of quality early childhood education.

While indicators are arranged in the various domains of child well-being, such an arrangement does not illustrate the significant connection among many of these outcomes. For example, the depth and duration of family and child poverty significantly affect the likelihood of low birth-weight infants, child deaths, child neglect, juvenile arrests and high school dropouts.

What is different about this year's *Nevada KIDS COUNT Data Book*?

Some new tables have been included in this year's edition, as a result of primary research conducted by the Center for Business and Economic Research, to allow for a more comprehensive look at the lives of Nevada's children. These welcome additions include the following:

- Type of child care by age of child
- Primary types of child care by region
- Percentage of weekly child-care expenses by type of provider
- Percentage of children who were read to by parents/guardians
- Percentage of dental-examination visits in the past 12 months by age of child
- Percentage of children with health-care conditions

The title of the indicator previously referred to as "Teen Violent Death" has been changed to "Teen Deaths by Accidents, Homicide and Suicide." The reference information (significance, risk factors and impact) has been vastly revised and updated in this year's edition.

How are the primary indicators organized?

The primary indicators are organized into five descriptive areas as follows:
Definition: A description of what the indicator is and what it measures
Significance: The relationship of the indicator to child and family well-being
Risk Factors: A discussion of dangers that could place children in harm's way
Impact: A context for understanding how the indicator affects children and society
Related Tables: Most recent data for each indicator are presented; and, where applicable, data for the state as a whole are also presented

How were the data indicators selected? Why are some included and others not included?

The measures included in this Data Book were chosen through careful examination of the available data with input from the Nevada KIDS COUNT Advisory Data Subcommittee. Although there are potentially scores of possible indicators, we have worked to select a relatively small group of benchmarks to represent the health and well-being of Nevada's children. We use a number of principles to guide our choice of indicators, including whether the individual indicators are:

- relevant and easily understandable by those who plan, manage, deliver, use and pay for children's services;
- based on substantial research that connects them to child well-being;
- measured regularly so that they can be updated to demonstrate trends over time;
- representative of large segments of the population;
- backed up by accurate, reliable and valid data sources; and
- based on data available at the county level.

Overview

In selecting the data to be included, limitations were encountered. Some information is not available annually at the county level. For example, statistics relating to immunizations are one of many for which we were unable to access current, locality-specific information. The Nevada KIDS COUNT Advisory Council Data Subcommittee will continue to address these issues. To date, the subcommittee has developed a data matrix for initial and future data-collection efforts. For example, programmatic data, such as the number of children in special education programs, may be used in a future Data Book, if they represent the best indicator of a child well-being measure. The importance of county-level data cannot be overstated as a tool for local decision-makers in identifying key areas of concern for children. With the extraordinary growth of Clark County, city- and regional-level data will surely be necessary. Readers are urged to refer to the text and the tables for a complete explanation of most of the indicators. Supplementary information is provided in the General Information section of this Data Book. These sources remain the final authority regarding the quality and meaning of the data.

Why isn't current-year information for every indicator available in the data book?

The simple answer is that current-year data are not available when the book is produced. Many of our data sources need several months after the year ends to make sure the information reported is accurate and includes data collected late in the year. Then, the information must be compiled and disseminated. An additional challenge is that Decennial Census data, now ten years old, provide the most reliable data source for some indicators such as the number of families in poverty, teens not in school and not working and children in single-parent families.

Why is the information presented in varying ways?

Some data are presented as actual, raw numbers, some are percentages and some are rates per 1,000 or 100,000. The numbers represent individuals. The percentages and rates also represent individuals, but have the advantage of allowing for comparisons among areas with populations of different sizes. In this publication, indicators are expressed as raw numbers (for example, 22), as percents (22%) or rates (22 per 1,000). Rates are used to allow comparisons across communities; whereas, percentages would be misleading due to small populations. Caution should be used when drawing conclusions from percentages and rates that are based on small numbers.

How can this information be used to make a difference in the lives of Nevada's children?

These data can be used by private citizens to:

- find out about the needs in the community and volunteer in specific areas to help children
- contact elected officials about children in the local community

These data can be used by business people to:

- determine what issues in the community affect employees, future employees and their families

These data can be used by teachers to:

- serve as a basis for classroom discussions about civic responsibility, problem solving and community service

These data can be used by parents to:

- learn about the issues that affect their child as well as their neighbor's
- present concerns at parent-teacher conferences

These data can be used by elected officials to:

- analyze the effectiveness of current policies
- help allocate funding and other resources

These data can be used by educators and social service providers to:

- determine program needs
- design programs to address community issues and concerns

This report represents the ongoing effort of the Nevada KIDS COUNT project to inform public policy-makers and spur community action with the most current and available information available. We hope you will join us in this endeavor by using the information to make a difference in the lives of the state's children and their families.

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Nevada Demographic Profile

Per Capita Personal Income by County, 1997 (Dollars)	
Douglas County	$ 31,243
Washoe County	30,214
Carson City	27,356
Clark County	26,212
Mineral County	22,475
Humboldt County	22,368
Elko County	22,333
Eureka County	21,961
Storey County	21,602
Lander County	20,985
Nye County	20,402
Lyon County	20,275
Churchill County	19,724
Pershing County	19,343
Esmeralda County	19,216
White Pine County	18,510
Lincoln County	18,448
Nevada	$ 26,514
United States	$ 25,288

Source: Survey of Current Business, May 1999, U.S. Department of Commerce, Economics and Statistics Administration, Bureau of Economic Analysis

Nevada Demographics*

State Population (1998)	1,885,792
Clark County	1,255,200
Percent of Population: 67.6%	
Washoe County	311,350
Percent of Population: 16.8%	
Land Area, square mile (U.S. Rank: 7)	110,541
Median Household Income (1996)	$38,540

* *See General Information*

Projected Demographic Change Number of Children: 1998 and 2005			
	1998	2005	% Change
0 - 4 years old	141,003	167,139	19%
5-14 years old	273,182	357,067	31%
15-19 years old	118,952	171,310	44%
All children, under 20	533,137	695,516	30%

Source: Nevada State Demographer, 1998

Nevada Child Demographics

Nevada's Children*

Child Population (19 and under, 1998)	533,137
Percent of Children (19 and under, 1998)	29%
Percent of Poor Children (18 and under, 1994)	17%
Percent of Children Covered by Medicaid or Other Public-Sector Health Insurance (1996)	16%
Number of Students Benefiting From the National School Lunch Program (1997)	102,000

Demographic Change
Race/Ethnicity of Children: 1997 and 1998

	1997	1998	% Change
White	325,890	337,532	3.6 %
Black	44,164	46,667	5.7
Hispanic	99,337	106,635	7.3
Asian and Pacific Islander	12,521	13,045	4.2
Native American	7,716	7,934	2.8
All Children Under Age 18	489,628	511,812	4.5 %

Source: Nevada State Demographer, 1998

Percent of Births to Teens Receiving Late or No Prenatal Care (1996) (Nevada's National Rank: 45)	14%
Percent of Births to Teens Receiving Late or No Prenatal Care by Race/Ethnicity (1996)	
Non-Hispanic White	8%
Non-Hispanic Black	18%
Hispanic	21%
Number of Adoptions Finalized: (1997)	148
(1999)	207
Foster Care (1998)	
Number of Children in Family Foster Care	1,426
Number of Children in Care 12 Months or Longer	742
Average Length of Stay (Months)	27
Percent of Related Children in Extreme Poverty (1996) (Nevada's National Rank: 9)	5%

* See General Information

Age Distribution: Nevada and Counties

Age Distribution: Nevada and Counties, 1998							
	Age Distribution					Percent	Total
	4 & Under	5-19	20-44	45-64	65+	19 & Under	Population
Carson City	3,504	9,907	17,618	12,717	8,113	26 %	51,859
Churchill County	**1,765**	**5,599**	**8,398**	**5,080**	**3,178**	**31**	**24,020**
Clark County	98,848	265,188	459,873	280,105	151,186	29	1,255,200
Douglas County	**2,000**	**8,883**	**13,585**	**11,071**	**5,882**	**26**	**41,421**
Elko County	4,002	12,750	18,759	10,325	3,394	34	49,230
Esmeralda County	**61**	**260**	**500**	**411**	**189**	**23**	**1,421**
Eureka County	89	363	585	411	192	28	1,640
Humboldt County	**1,511**	**4,478**	**6,684**	**3,756**	**1,541**	**33**	**17,970**
Lander County	604	1,891	2,609	1,474	462	35	7,040
Lincoln County	**240**	**951**	**1,429**	**873**	**697**	**28**	**4,190**
Lyon County	1,917	7,297	10,018	7,602	5,366	29	32,200
Mineral County	**428**	**1,521**	**2,207**	**1,422**	**1,042**	**29**	**6,620**
Nye County	1,640	6,106	9,696	7,554	4,735	26	29,731
Pershing County	**520**	**1,890**	**2,472**	**1,485**	**903**	**33**	**7,270**
Storey County	121	690	1,190	1,167	502	22	3,670
Washoe County	**23,361**	**62,693**	**116,493**	**73,187**	**35,616**	**28**	**311,350**
White Pine County	653	2,427	3,874	2,530	1,476	28	10,960
Nevada *	141,264	392,894	675,990	421,170	224,474	29 %	1,855,792

* *The sum of the counties may not equal the state total due to missing or incomplete county reference data*
Source: Nevada State Demographer, 1998

Race/Ethnic Distribution of Nevada's Children

Race/Ethnic Distribution of Nevada's Children (Ages 18 and under)	Race/Ethnic Distribution					Total
	Caucasian	Hispanic	Black	Asian	Native American	Population
Carson City	9,927	2,269	68	157	402	12,823
Churchill County	5,588	706	132	212	404	7,044
Clark County	216,520	76,623	44,101	9,415	2,584	349,243
Douglas County	8,823	1,005	29	121	278	10,257
Elko County	11,376	3,464	44	110	975	15,968
Esmeralda County	228	48	2	3	24	306
Eureka County	362	50	2	2	10	426
Humboldt County	3,700	1,689	7	19	296	5,710
Lander County	1,784	489	4	4	92	2,373
Lincoln County	1,010	74	4	1	19	1,108
Lyon County	7,035	1,278	38	65	343	8,759
Mineral County	1,241	276	79	17	228	1,842
Nye County	6,075	929	37	70	237	7,348
Pershing County	1,556	610	8	7	100	2,282
Storey County	703	45	0	6	8	762
Washoe County	59,237	16,653	2,108	2,830	1,817	82,645
White Pine County	2,365	427	2	5	116	2,916
Nevada *	337,532	106,635	46,667	13,045	7,934	511,812

* *The sum of the counties may not equal the state total due to rounding*

Source: Nevada State Demographer, 1998

Key Facts About Nevada's Children

The 1999 KIDS COUNT Data Book: State Profiles of Child Well-Being is a national state-by-state study reporting on conditions facing America's children. It ranks Nevada 36th among the 50 states and the District of Columbia on the well-being of children. The state rankings are arranged in sequential order from highest/best (1) to lowest/worst (51). Between 1985 and 1996, the well-being of children in Nevada deteriorated in five areas, improved in four and stayed the same in one. To provide a snapshot of Nevada's children compared to the nation, highlights from Annie E. Casey Foundation documents are presented.*

- **Nevada Has the Nation's Highest Percentage of Teenage Residents Who Are High School Dropouts.** Among all the states and the District of Columbia, Nevada ranks 51st on the percentage of teens, ages 16 to 19, who are high school dropouts.

- **Nevada Ranks 45th in the Nation on the Percentage of Children Under Age 18 Without Health Insurance.** Five years of data, 1994 to 1998, from the March Supplement to the Current Population Survey conducted by the Census Bureau were averaged to produce a reliable estimate of the number of uninsured children in Nevada. According to the averaged data, 19 percent of Nevada children, age 0 to 17, were uninsured. The five-year average for all the children in the United States was 14 percent. In 1996, 16 percent of the children in Nevada were covered by Medicaid or other public-sector health insurance. The corresponding figure for the nation was 25.

- **Nevada Ranks 46th in the Nation on the Immunization Rate of Two-Year-Olds.** Seventy-three percent of Nevada two-year-olds were immunized in 1997. The corresponding figure for the nation was 78.

- **The Basic Reading Level of Students in Nevada Is Worse Than the National Average.** Forty-seven percent of fourth-grade students scored below the basic reading level in 1998, compared to 39 percent nationwide. The gap between the state and the national figure for eighth-grade students narrows. Thirty-one percent of eighth-grade students in Nevada scored below the basic reading level, compared to 28 percent nationwide.

- **The Percentage of Teen Births Occurring to Mothers Who Smoke Is Decreasing.**
  The percentage of teen births occurring to mothers who smoked decreased 21 percent from 1990/91 to 1995/96, from 19 to 15 percent.

- **The Teen Birth Rate in Nevada Has Increased Since 1985.**
  From 1985 to 1996, the teen birth rate in Nevada increased 35 percent. Nevada ranks 42nd in the nation on this measure.

- **The Infant Mortality Rate in Nevada Is Improving.**
  Nevada had a 27 percent decrease in the infant mortality rate between 1985 and 1996. Nevada ranks 13th among the 50 states and the District of Columbia.

- **The Percentage of Children Living With Fully Employed Parents Is Improving.**
  Between 1985 and 1996, the percentage of children living with parents who do not have full-time, year-round employment decreased 26 percent, about three times the national decrease of 9 percent. Nevada ranks 14th on this measure.

- **No Change in the Percent of Children in Poverty.**
  From 1985 to 1996, the percent of children in poverty remained unchanged. Nevada ranks 11th on this measure.

- **Nevada's Rate of Teen Deaths by Accident, Homicide and Suicide Is Increasing.**
  The rate of teen deaths by accident, homicide and suicide (deaths per 100,000 teens ages 15-19) increased 4 percent from 1985 to 1996. The nation, however, showed a 2 percent improvement on this measure. Nevada ranks 37th among the 50 states and the District of Columbia.

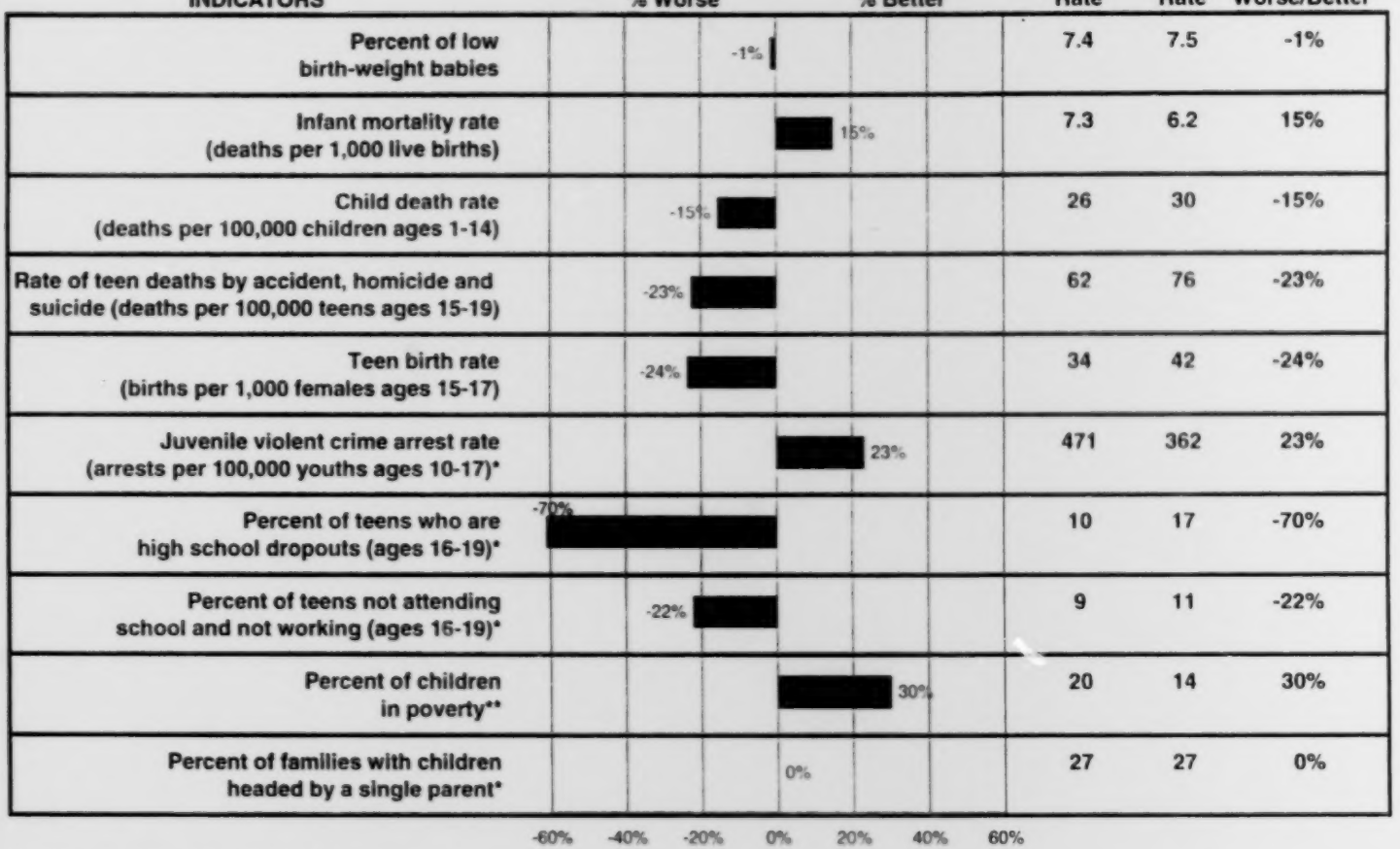
- **Nearly Half of Nevada High School Students Have Ever Had Sexual Intercourse.**
  In 1997, 47 percent of female high school students and 48 percent of males have ever had sexual intercourse. The percentage of females and males who have had four or more sexual partners were 13 and 18, respectively.

- **A Higher Percentage of Male High School Students Reported Using a Condom as a Form of Birth Control Than Did Female High School Students.**
  In 1997, 67 percent of male high school students reported that a condom was used during their last sexual intercourse. The corresponding figure for female high school students was 53.

**Sources: 1999 KIDS COUNT Data Book: State Profiles of Child Well-Being, When Teens Have Sex Issues and Trends, Auxiliary Tables for the 1999 Kids Count Data Book and Memo on State-Level Data on Uninsured Kids*

Nevada Compared to the Nation

1996 data unless otherwise noted



INDICATORS	National Rate	Nevada Rate	Percent Worse/Better
Percent of low birth-weight babies	7.4	7.5	-1%
Infant mortality rate (deaths per 1,000 live births)	7.3	6.2	15%
Child death rate (deaths per 100,000 children ages 1-14)	26	30	-15%
Rate of teen deaths by accident, homicide and suicide (deaths per 100,000 teens ages 15-19)	62	76	-23%
Teen birth rate (births per 1,000 females ages 15-17)	34	42	-24%
Juvenile violent crime arrest rate (arrests per 100,000 youths ages 10-17)*	471	362	23%
Percent of teens who are high school dropouts (ages 16-19)*	10	17	-70%
Percent of teens not attending school and not working (ages 16-19)*	9	11	-22%
Percent of children in poverty**	20	14	30%
Percent of families with children headed by a single parent*	27	27	0%

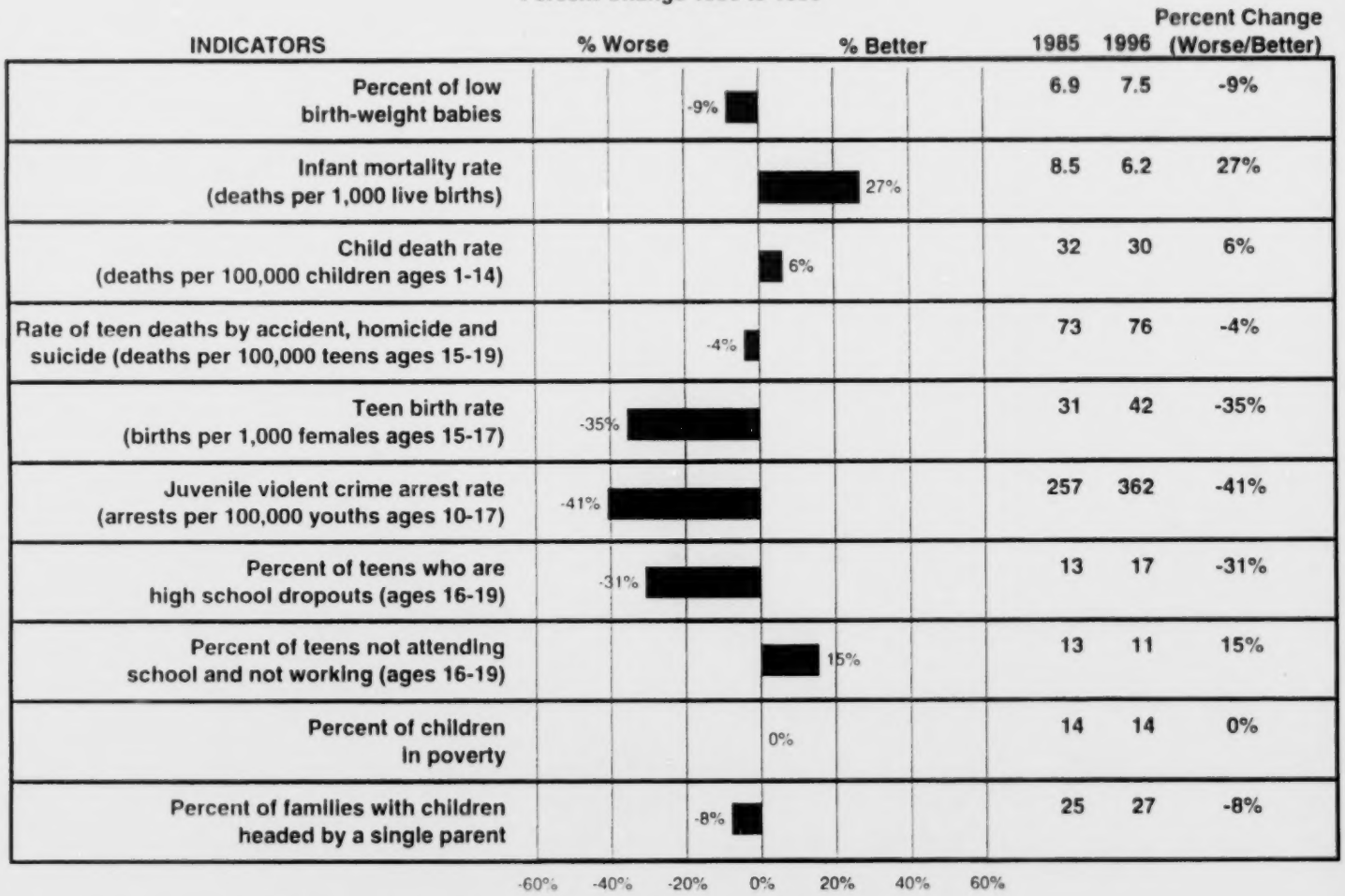
* *Three-year average of data from 1993 through 1995*

** *Five-year average of data from 1992 through 1996*

Source: 1999 Kids Count Data Book: State Profiles of Child Well-Being, Annie E. Casey Foundation

Nevada Trends

Percent Change 1985 to 1996



Source: 1999 Kids Count Data Book: State Profiles of Child Well-Being, Annie E. Casey Foundation

Early Care & Education

Significance

As women continue to enter the work force, the need for quality and affordable child care will increase. In 1995, more than 12.9 million children in the U.S. under the age of six were in child care.[1] For families in poverty, child care can be a burden since 18 percent of their budget is spent on child care compared to 7 percent for nonpoor families.[2] It is important that young children, especially preschoolers, receive quality child care because they are developing intellectually and socially.

Risk Factors

One study showed that a high amount of self-care (four "latch-key" hours or more per week) is a predictor of poor behavioral adjustment in school-age children. Children from lower socioeconomic status homes, those who exhibited high levels of behavioral problems prior to self-care and those who did not participate in extracurricular activities were most at risk.[3]

Impact

- Frequent participation in after-school programs can positively contribute to students' grades and general self-esteem.[4]
- Research shows that children who attend formal after-school programs spend more time in academic activities and enrichment lessons (such as music and dance), interact more with adults and peers and watch less television than children in other forms of after-school care.[5]
- The type of child care used varies by the financial status of the family. In 1993, a significantly higher percentage (60) of poor families used relatives to care for preschoolers than did nonpoor families (46).[6]
- In 1993, the average amount that families with an employed mother spent on child care for preschoolers was $79, significantly higher than $64 per week in 1986.[7]
- In-home babysitters and organized child-care facilities were the most costly types of child-care arrangement in 1993. A relative was the least expensive form of child care.[8]

Nevada

To investigate the status of children in Nevada, in particular child care, a statewide survey titled Survey of Nevada's Children: 1999 was conducted by the Center for Business and Economic Research (CBER) at the University of Nevada, Las Vegas, in conjunction with Nevada KIDS COUNT. The following child-care findings are based on 5,742 children. Where appropriate, data are presented for the State of Nevada, Clark County, Washoe County and Rest of State.

Survey of Nevada's Children: 1998

General findings (no tables provided)

- Approximately 64 percent of Nevada children ages five and under are covered by paid child care. The corresponding percentages for Clark County, Washoe County and Rest of State are 64.9, 76.5, and 51.6, respectively.
- On average, Nevada children spend 20.5 hours in paid child care per week. The corresponding percentages for Clark County, Washoe County and Rest of State are 20.3, 22.4 and 18.1, respectively.
- Nevada parents/guardians search an average of 2.1 months to find child care. The corresponding means for Clark County, Washoe County and Rest of State are 2.1, 2.1 and 2.0, respectively.
- By far, the primary reason for using child care is parent(s) working (81.5 percent), followed by "other reasons" (6.6 percent), parent(s) need time for themselves (6.2 percent), parent(s) going to school (4.7 percent), parent(s) job hunting (0.8 percent) and parent(s) caring for another household member (0.3 percent).
- Approximately 14 percent of Nevada children are cared for by a household member. The corresponding percentages for Clark County, Washoe County and Rest of State are 13.8, 13.7 and 13.8, respectively.

Early Care & Education

Specific findings (tables provided)

- Excluding care by a household member, the largest group of Nevada children, 41.1 percent, are primarily cared for by organized facilities (child-care center/preschool/Head Start and programs before or after school, such as Boys and Girls Clubs). Non-relatives, including babysitters and family/group day-care settings, are important sources of child care–23.2 percent of Nevada children are cared for by nonrelatives. Sixteen percent of Nevada children are primarily cared for by relatives.
- Children in Washoe County are more likely to be cared for by organized facilities than are children in Clark County and Rest of State (45.5 percent versus 41.3 and 34.9 percents, respectively).
- Children in Rest of State are more likely to be cared for by nonrelatives than are children in Clark and Washoe counties (29.1 percent versus 19.8 and 22.1 percents, respectively).
- Children in Clark County are more likely to be cared for by a relative than are children in Washoe County and Rest of State (17.3 percent versus 15.2 and 15.2 percents, respectively).
- About one-fifth of Nevada children are cared for by more than one type of primary child-care provider.
- Approximately 41 percent of Nevada preschoolers (five and under) are cared for by an organized facility. Nevada children 6 to 12 years of age are more likely to receive care from before- or after-school programs than are other age groups. An important source of child care for teenagers is a relative.
- Child-care center/Preschool/Head Start represents the most costly form of child care for Nevada parents. About 57 percent pay $67 or more per week. Family/Group day care in someone else's home, followed by a babysitter are the second- and third-most expensive forms of care. Child care provided by a relative is most affordable. The majority of Nevadans spend $33 or less a week on this type of arrangement.
- The percentage of families satisfied (very satisfied and satisfied) with the quality of child care they receive ranged from a low of 90.3 for Clark County to a high of 92.2 for Washoe County and for Rest of State. The percentage for Nevada was 91.6.
- Twenty-seven percent of the households had at least one adult member who chose to stay home rather than work because of child-care-arrangement difficulties.

Questions related to children's education, parenting and family services and parent-child activities were also included in the survey of Nevada's children. A few of the findings are summarized.

- Less than 3 percent (2.7) of Nevada children have a physical, learning or mental condition that limits their participation in the usual kinds of activities done by most children their age.
- Slightly more than 3 percent (3.4) of Nevada children have a physical, learning or mental health condition that limits their ability to do regular school work.
- From a list of 22 parenting and family services, parents/guardians identified services which they needed, but could not get. The top-five services (albeit, mentioned by 3 percent or less of the parents/guardians) were information on programs for children, emergency child care, play groups, drop-in or respite care and parent-support groups.
- Approximately 38 percent of Nevada children were read to almost every day by their parents/guardians.

"As reliance on child care has become the norm for parents of preschoolers, concerns about the quality and consequences of such care for children's future development have mounted."[9]

Percentage of Nevada Children Cared for by Primary Child-Care Provider

(State of Nevada, Clark County, Washoe County and Rest of State)

Type of Care	State (%)	Clark (%)	Washoe (%)	Rest of State (%)
Child-Care Center/Preschool/ Head Start	27.2 %	25.0 %	30.5 %	25.8 %
Family/Group Day Care in Another's Home	14.3	9.3	15.5	19.1
Programs Before or After School	13.9	16.3	15.0	9.1
Babysitter	8.9	10.5	6.6	10.0
Relatives in Respondent's Home	7.3	9.0	7.8	4.3
Relatives in Their Home	8.7	8.3	7.4	10.9
Multiple Types of Child-Care Providers*	19.7	21.6	17.2	20.8
Nevada	100 %	100 %	100 %	100 %

**Parents/guardians could choose more than one type of primary child-care provider*

Source: Survey of Nevada's Children: 1999, Center for Business and Economic Research, University of Nevada, Las Vegas

Percentage Distribution of Weekly Child-Care Expenses by Primary Child-Care Provider

Type of Care	Weekly Expense ($)							
	$0	1 to 33	34 to 66	67 to 99	100 to 150	151 to 200	Over 200	Total
Child-Care Center/Preschool/Head Start	3.0 %	14.9	24.7	31.8	25.5	0.1	0.0	100%
Family/Group Day Care in Another's Home	1.1 %	26.2	28.3	27.3	16.2	0.6	0.3	100%
Programs Before or After School	5.1 %	41.7	31.0	14.2	8.0	0.0	0.0	100%
Babysitter	16.5 %	34.8	19.0	15.8	12.1	1.8	0.0	
Relatives in Respondent's Home	59.7 %	15.6	7.0	12.4	5.4	0.0	0.0	100%
Relatives in Their Home	45.1 %	25.8	24.2	2.2	2.7	0.0	0.0	100%
Multiple Types of Child-Care Providers	18.2 %	31.0	26.6	15.2	7.6	0.6	0.8	100%

Source: Survey of Nevada's Children: 1999, Center for Business and Economic Research, University of Nevada, Las Vegas

Percentage of Nevada Children Cared for by Primary Child-Care Provider by Age of Child

Type of Child Care by Age of Child

	Age of Child							
Type of Care	0-11 Mos	12-23 Mos	24-35 Mos	3-5 Yrs	[5 and Under]	6-8 Yrs	9-12 Yrs	13-18 Yrs
Child-Care Center/Preschool/ Head Start	35.9 %	29.3 %	28.7 %	40.9 %	[35.6 %]	21.6 %	12.4 %	13.9 %
Family/Group Day Care in Another's Home	15.2	20.9	22.8	11.8	[16.2]	8.2	5.2	3.9
Programs Before or After School	3.3	2.9	4.1	7.7	[5.7]	22.6	25.7	19.9
Babysitter	9.8	12.3	11.9	8.8	[10.3]	12.2	11.0	12.3
Relatives in Respondent's Home	6.5	8.0	3.5	5.6	[5.7]	5.5	11.5	18.4
Relatives in Their Home	7.6	10.0	7.9	6.6	[7.6]	9.9	9.5	11.9
Multiple Types of Child-Care Providers	21.7	16.6	21.1	18.6	[18.9]	20.0	24.7	19.7
Nevada	100 %	100 %	100 %	100 %	[100 %]	100 %	100 %	100 %

Source: Survey of Nevada's Children: 1999, Center for Business and Economic Research, University of Nevada, Las Vegas

Percentage of Nevada Children Who Were Read to by Their Parents/Guardians

Percentage of Nevada Children Who Were Read to by Their Parents/Guardians

	Percent*
Not at All During Last Month	22.2 %
Once or Twice During the Last Month	11.2
About Once a Week	10.4
Several Times a Week	18.3
Almost Every Day	37.9
Total	100 %

**There were 5,404 child responses to this question*

Health Care

Significance

The quality of children's health affects many dimensions of their lives; and, healthcare providers advocate preventive health care to ensure long-term health.

Risk Factors

Poverty is often linked to poor health in children. To address health problems of low-income children, Congress enacted Early and Periodic Screening, Diagnosis and Treatment (EPSDT) as part of the federal Medicaid program. This program entitles "poor children to a comprehensive package of preventive health care and medically necessary diagnosis and treatment."[1] According to the book, *Children's Health Under Medicaid: A National Review of Early and Periodic Screening, Diagnosis and Treatment*, "the program's success in screening and treating eligible children has not met expectations."[2] In 1996, for example, only 21 percent of all eligible children ages 20 and under received a dental screen (examination). The corresponding percentage for Nevada was 11.76.[3]

Impact

- Uninsured children are more likely to go without needed medical, dental or other health care than are insured children.[4]
- Poor children with Medicaid coverage are more likely to have a "usual source of routine care" and to "receive routine care within an appropriate time interval" than are poor children without coverage.[5]

Nevada Legislature Health-Care Survey: 1998

The following summarizes selected findings from the 1998 Health-Care Survey conducted by the CBER for the Nevada State Legislature. The findings are based on 8,480 children. (Tables are provided for the first three bullets.)

- Older children are more likely to have had at least one dental examination in the past year than are younger children. Approximately 85 percent of the 13- to 18-year olds have had an examination compared to 58.8 percent of 3- to 5-year olds. The American Academy of Pediatrics recommends regular dental checkups after age three or when all 20 baby teeth have come in.[6]
- The three most prevalent health-care conditions of Nevada children are seasonal allergies, chronic allergies or sinus troubles and asthma. In examining conditions by regions of the state, the percentages for the top three conditions are similar. Washoe County, however, reports a slightly higher percentage of children with chronic urinary tract infection, vision and hearing problems, attention deficit disorder, heart disease, limitation in the use of an arm or leg and developmental disabilities than Clark County and Rest of State.
- Only 3.6 percent of Nevada children had been unable to get health care during the past 12 months for any reason.
- The most common reason provided by parents/guardians for not receiving health care for their children was cost (48.1 percent), followed by lack of health-insurance coverage (47.2 percent). Other reasons included: could not get an appointment (28.3 percent), did not know a good doctor or clinic to go to (10.0 percent), had no transportation (6.0 percent), could not get off work (2.2 percent) and were too nervous or afraid (1.4 percent).
- Slightly less than 90 percent of Nevada parents/guardians perceive their children's health as excellent (56.7 percent) or very good (32.4 percent). Less than 9 percent perceive it as good, 1.6 percent as fair, 0.4 as poor and 0.2 percent are not sure about the status of their children's health.

"Children who receive preventive and other necessary health services will be better prepared to learn and grow to be healthy productive citizens."[7]

Percentage of Dental Examination Visits by Age of Child

Percentage of Dental Examination Visits in Past 12 Months by Age of Child

	Age of Child						
Number of Visits	0-11 Mos	12-23 Mos	24-35 Mos	3-5 Years	6-8 Years	9-12 Years	13-18 Years
None	97.4 %	90.5 %	77.1 %	41.2 %	15.4 %	13.7 %	14.8 %
1-2	2.0	6.4	19.4	54.4	78.9	79.7	78.7
3-4	0.6	2.0	1.2	3.0	4.3	4.6	3.8
5-6	0.0	0.1	0.1	1.2	0.9	1.2	0.6
7-10	0.0	1.0	0.9	0.1	0.4	0.3	0.8
11-15	0.0	0.0	0.0	0.0	0.0	0.1	1.0
16-30	0.0	0.0	0.0	0.1	0.0	0.0	0.2
More than 30	0.0	0.0	1.3	0.0	0.1	0.4	0.1
Nevada	100 %	100 %	100 %	100 %	100 %	100 %	100 %

Percentage of Children With Health-Care Conditions

Percentage of Children With Health-Care Conditions

Condition*	State (%)	Clark (%)	Washoe (%)	Rest of State (%)
Seasonal Allergies	17.3 %	17.6 %	14.0 %	19.3 %
Chronic Allergies	8.0	8.1	7.5	8.3
Asthma	7.8	7.9	7.9	6.9
Attention Deficit Disorder	4.5	4.1	6.3	4.4
Developmental Disability	2.8	2.5	5.3	2.0
Blindness or Trouble Seeing, Even With Glasses	2.2	1.5	4.9	2.3
Deafness or Other Trouble Hearing	1.7	1.1	4.6	1.3
Chronic Urinary Tract Infection	1.3	0.9	3.0	1.0
Limitation in the Use of an Arm or Leg	0.7	0.2	2.5	0.8
Heart Disease	0.5	0.5	0.7	0.6
Diabetes	0.1	0.1	0.3	0.4

* *Total does not sum to total to 100% because respondents could choose more than one condition.*

Sources: Nevada Health Care Survey 1998, Center for Business and Economic Research, University of Nevada, Las Vegas

Low Birth-Weight Babies

Definition

Percent of Low Birth-Weight Babies

Babies considered to have low birth weight are those weighing less than 2,500 grams (about 5.5 pounds) at birth. Low birth-weight data are reported as the percentage of live births in which babies weigh less than 2,500 grams. The data are reported by mother's county of residence, rather than infant's place of birth.

Significance

How much a baby weighs at birth is directly related to the baby's survival, health and development. Babies weighing less than 5.5 pounds at birth are more likely to experience both physical and developmental problems. At highest risk are babies weighing less than 1,500 grams (3.3 pounds). Low birth-weight babies grow to have "poorer social skills and adaptive behavior and more behavioral and attention problems" than children born with a normal birth weight.[1]

Risk Factors

Maternal smoking has been associated with low birth-weight deliveries. In 1997, 12.1 percent of births to smokers were low birth weight. The comparable figure for nonsmokers was 7.1.[2] Poverty, preterm delivery,[3] inadequate prenatal care, and lack of health insurance[4] are also risk factors related to low birth-weight babies.

Impact

- Although important gains have been made in our ability to sustain babies who are born small, low birth weight remains the number two cause of infant mortality in the U.S.[5]
- Twenty percent of neonatal deaths stem from short gestation and low birth weight.[6]
- African-American babies are twice as likely as white babies to be born weighing less than 5.5 pounds (13 and 6 percents, respectively).[7]
- The estimated cost to the nation for health problems related to low birth-weight babies is more than $4 billion each year.[8]
- Children who are now 6 to 15 years old, who were born of low birth weight, are 49 percent more likely to be enrolled in special education classes than children born of normal weight.[9]

Nevada

Between 1996 and 1998, the Percent Low Birth-Weight Babies in Nevada was **7.6**. Of the 80,970 babies born during this period, 6,160 weighed less than 5.5 pounds. According to *1999 KIDS COUNT Data Book: State Profiles of Child Well-Being*, the 1996 Percent Low Birth-Weight Babies in the United States was 7.4.[10]

Counties

Among the 17 counties in Nevada, the Percent Low Birth-Weight Babies ranged from a low of 4.7 in Eureka County to a high of 11.3 in Mineral County (excluding Esmeralda County whose calculated percentages were not meaningful). Six Nevada counties had a percentage of low birth-weight babies that was higher than the state rate of **7.6**.

Nevada's 1999 National Rank: 25[11]

"Two groups of women who continue to gain less than the recommended level of weight during pregnancy, teenagers and African-American women, are also at particularly high risk for having low weight infants and other adverse pregnancy outcomes."[12]

Percent of Low Birth-Weight Babies

Percent of Low Birth-Weight Babies,* 1996 - 1998							
	1996 Number <2,500 Grams	1996 Total Number of Births	1997 Number <2,500 Grams	1997 Total Number of Births	1998 Number <2,500 Grams	1998 Total Number of Births	Annual Average Percent Low Birth-Weight 1996-1998
Carson City	38	662	38	705	37	720	5.4 %
Churchill County	22	349	28	389	36	367	7.8
Clark County	1,350	17,574	1,498	18,471	1,498	19,842	7.8
Douglas County	8	234	22	286	16	286	5.7
Elko County	46	759	48	732	55	717	6.7
Esmeralda County	2	6	0	9	1	4	N.M. **
Eureka County	1	20	2	20	0	24	4.7
Humboldt County	22	321	15	297	21	336	6.1
Lander County	13	154	6	128	10	132	7.0
Lincoln County	7	41	2	42	3	43	9.5
Lyon County	22	319	20	341	32	418	6.9
Mineral County	5	68	7	69	11	66	11.3
Nye County	25	251	25	291	26	337	8.6
Pershing County	4	78	3	76	6	82	5.5
Storey County	0	8	0	9	2	13	6.7
Washoe County	352	4,710	308	4,669	378	4,765	7.3
White Pine County	8	120	11	127	11	122	8.1
Nevada ***	1,984	26,035	2,033	26,661	2,143	28,274	7.6 %

* (2,500 grams = about 5.5 pounds) Based on mother's county of residence, rather than infant's place of birth

** N.M. = not meaningful. Calculated rates based on very small numbers are not statistically reliable

*** The sum of the counties may not equal the state total due to missing or incomplete county reference data

Source: State of Nevada Department of Human Resources, Health Division, Office of Vital Records and Statistics

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Infant Mortality

Definition

Infant Mortality Rate
The Infant Mortality Rate measures the number of babies who die during their first year of life, per 1,000 live births. The data are reported by county of residence, rather than place of death.

Significance

The Infant Mortality Rate is a critical indicator of the overall health and welfare of a nation. It is an important measure of the well-being of infants, children and pregnant women because it is associated with a variety of factors, such as maternal health, quality and access to medical care, socioeconomic conditions and public health practices.[1]

Risk Factors

Communities with multiple problems such as poverty, substandard housing, illiteracy and unemployment tend to have higher Infant Mortality Rates. Associated factors for most neonatal (birth to one month) deaths in the U.S. are low birth weight and/or preterm delivery.[2] Maternal age is also a risk factor for infant mortality; mortality rates are highest among infants born to teenagers and to mothers over the age of 44.[3]

Impact

- Although the Infant Mortality Rate in the U.S. has been falling steadily over the past few decades, America still has one of the highest infant mortality rates in the developed world.[4] In 1997, the United States ranked 28th in infant mortality worldwide.[5]
- African-American babies die at more than twice the rate of white babies in our country. In 1996, the black, non-Hispanic Infant Mortality Rate was 14.2 per thousand, compared to 6.0 per thousand for white, non-Hispanics.[6]
- "In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infant or the pregnancy, such as preterm delivery or birth defects."[7] Deaths occurring after the first month are influenced greatly by social and economic factors, such as exposure to cigarette smoke and lack of access to health care.[8]
- Sudden Infant Death Syndrome is the leading cause of infant mortality after the first month of life.[9] Between 1992 and 1996, the prevalence of U.S. infants being placed to sleep on their stomachs dropped by 66 percent. During the same period, the rate of SIDS dropped by 38 percent.[10]

Nevada

Between 1996 and 1998, the Infant Mortality Rate in Nevada was **6.4**. Of the 80,970 babies born during this period, 517 infants died before they reached their first birthday. According to the *1999 KIDS COUNT Data Book: State Profile in Child Well-Being*, the 1996 rate for the U.S. was 7.3.[11]

Counties

Among the 14 counties in Nevada for which statistically reliable rates could be calculated, the Infant Mortality Rate ranged from a low of 0 in Eureka and Storey counties to a high of 10.2 in Lyon County. For the three counties in which the calculated rates were not meaningful because of small population numbers, only raw numbers are provided. Six counties had Infant Mortality Rates higher than the state rate of **6.4**.

- *Nevada's 1999 National Rank: 13*[12]

"The Infant Mortality Rate for children born into poor families is more than 60 percent higher than that for children born into families with income above the poverty line"[13]

Infant Mortality Rate

Infant Mortality Rate, 1996 - 1998

(Deaths to infants less than 1 year old per 1,000 live births)

	1996 Infant Deaths	1996 Number of Births	1997 Infant Deaths	1997 Number of Births	1998 Infant Deaths	1998 Number of Births	Infant Mortality Rates 1996-1998
Carson City	5	662	5	705	2	720	5.7
Churchill County	3	349	3	389	2	367	7.2
Clark County	108	17,574	115	18,471	125	19,842	6.2
Douglas County	2	234	1	286	2	286	6.2
Elko County	4	759	3	732	3	717	4.5
Esmeralda County	0	6	0	9	1	4	N.M. **
Eureka County	0	20	0	20	0	24	0.0
Humboldt County	4	321	3	297	2	336	9.4
Lander County	2	154	0	128	0	132	4.8
Lincoln County	0	41	1	42	0	43	7.9
Lyon County	4	319	1	341	6	418	10.2
Mineral County	2	68	0	69	2	66	N.M. **
Nye County	1	251	3	291	4	337	9.1
Pershing County	0	78	1	76	0	82	4.2
Storey County	0	8	0	9	0	13	0.0
Washoe County	20	4,710	28	4,669	44	4,765	6.5
White Pine County	2	120	0	127	3	122	7.1 **
Nevada *	157	26,035	164	26,661	196	28,274	6.4

* The sum of the counties may not equal the state total due to missing or incomplete county reference data

** N.M. = not meaningful. Calculated rates based on very small numbers are not statistically reliable

Source: State of Nevada Department of Human Resources, Health Division, Office of Vital Records and Statistics

Children in Poverty

Definition

Percent of Children in Poverty
The Percent of Children in Poverty is the percentage of children under the age of 18 who live in families with incomes below the U.S. poverty threshold. In 1998, the U.S. poverty threshold for a family of four was $16,660.[1]

Significance

The child poverty rate provides important information about the percentage of children whose current circumstances are difficult and whose futures are put at risk. Children who grow up in poor families are more likely to go without necessary food or clothing, lack basic health care, live in substandard housing and have unequal access to educational opportunities.[2] Young children born into poverty are more likely to be born low birth weight, die in infancy or early childhood, be hospitalized during childhood, be victims of or witnesses to violence and be exposed to environmental toxins.[3]

Risk Factors

Children rely on their parents or caretakers for economic security. Any factor which reduces the likelihood of an adult earning enough money to support his or her family thus contributes to childhood poverty. Four of the most important factors leading to poverty are single parenthood, low educational attainment, part-time or no employment and low wages.[4]

Impact

- "Despite the enormous wealth in the United States, our child poverty rate is among the highest in the developed world."[5]
- Recent findings indicate family income has much stronger associations with achievement and ability-related outcomes for children than factors of health and behavior.[6]
- Although, the percentage has declined slightly, the total number of poor children in the U.S. grew from an average of 4.4 million to an average of 5.9 million between the periods 1979-1983 and 1992-1996.[7]
- Growth in the ranks of poor children during the 1990s has chiefly been due to growing numbers of working-poor families. Census Bureau data show that only 40 percent of children in poverty resided in a family that received cash public assistance (AFDC/TANF/SSI) in 1997.[8]
- "Children under 18 continue to represent a very large segment of the poor population in the U.S. (40 percent) even though they are only about one-fourth of the total population."[9]
- Poor children are three times more likely to die in childhood than children who are not poor.[10]
- Poverty affects the well-being of young children in many ways including hunger, homelessness, poor health, maltreatment and later academic failure.[11]

Nevada

Between 1990 and 1994, the number of poor children in Nevada increased from 38,232 in 1990 to 64,454 in 1994. Nevada had a moderate increase in the Percent of Children in Poverty from **13.0** in 1990 to **16.9** in 1994.

Counties

Among the 17 counties in Nevada, the percentage of children in poverty in 1994 ranged from a low of 7.6 percent in Eureka and Storey counties to a high of 18.5 percent in Clark County. Carson City experienced the greatest change between 1990 and 1994, with an increase in its child poverty rate of 45.1 percent. In 1994, only Clark County had a higher percentage of children living in poverty than the state rate of **16.9**.

Nevada's 1999 National Rank: 11[12]

"One in three children spends at least one year in poverty before reaching adulthood. For many, poverty lasts only a short period, but for more than 5% of children, poverty last 10 years or more."[13]

Percent of Children in Poverty: Trend Data

Percent of Children in Poverty:* Trend Data (Children under age 18)	1990 Number of Children in Poverty	1990 Percent of Children in Poverty **	1994 Number of Children in Poverty	1994 Percent of Children in Poverty	Change in the Percent of Children in Poverty 1990-1994
Carson City	880	9.7 %	1,427	14.1 %	45.1 %
Churchill County	543	10.6	707	12.4	17.0
Clark County	25,371	14.1	45,974	18.5 ***	31.1
Douglas County	602	8.4	786	8.9	6.3
Elko County	1,182	11.1	1,242	9.7	-12.9
Esmeralda County	60	19.0	43	13.4	-29.5
Eureka County	46	10.8	32	7.6	-29.3
Humboldt County	487	12.6	557	11.9	-5.4
Lander County	235	11.1	200	9.5	-14.0
Lincoln County	174	13.6	174	14.1	3.8
Lyon County	811	15.0	1,062	15.8	5.1
Mineral County	211	11.5	262	14.8	28.4
Nye County	506	11.8	843	16.6	40.5
Pershing County	189	14.0	203	13.8	-1.6
Storey County	39	6.8	57	7.6	12.2
Washoe County	6,546	11.3	10,499	15.2	34.4
White Pine County	350	13.7	387	15.6	13.9
Nevada	38,232	13.0 %	64,454	16.9 %	29.7 % ***

* *Poverty thresholds were applied on a national basis and were not adjusted for regional, state or local variations in the cost of living*

** *Revised*

*** *The confidence intervals on these change measures (numbers and/or rates) do not overlap, suggesting that real change occurred*

Sources: 1990 United States Census of Population and Housing, Summary Tape File 3A
Applied Population Laboratory, University of Wisconsin-Madison for 1994 data

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Children in Single-Parent Families

Definition

Percent of Families With Children Headed by a Single Parent
This indicator is defined as the percentage of families with "own children" under the age of 18 (headed by either a male or female) without a spouse present in the home. "Own children" is defined as never-married children related by birth, marriage or adoption.

Significance

Children living in single-parent families do not have the same resources and opportunities as those living in two-parent families.[1] When the single parent is a woman, the risk of sinking into poverty is significantly greater due to the wide earnings gap between men and women in the United States.[2]

Risk Factors

Many single mothers receive insufficient child support, which puts their children at greater risk for all of the adverse outcomes linked to poverty. Children growing up in single-parent families are at greater risk of homelessness, substandard housing, poor nutrition, lack of adequate medical care and dying in infancy or childhood.[3]

Impact

- Sixty percent of all children in the United States today will spend some part of their childhood in a single-parent family.[4]
- Children who are born into single-parent families will have far fewer financial resources than children who are born into two-parent families and end up in single-parent families because of divorce. Generally, never-married parents are significantly younger than divorced parents and tend to have fewer years of education and lower-income levels.[5]
- Sixty-nine percent of never-married mothers and 45 percent of divorced mothers with children under the age of 18 had incomes at or below the poverty threshold in 1995.[6]
- Young women from single-parent families give birth as teenagers more frequently than young women from two-parent families.[7]
- Of the single-parent families headed by mothers, less than one-third received child-support payments or alimony in 1994.[8]

Nevada

In Nevada, **28** percent of families with children were headed by a single parent, according to the 1990 Census. Of the 153,893 families in Nevada, a total of 43,096 were single-parent families. The 1996 Percent of Families With Children Headed by a Single Parent in the United States was 27 percent.[9]

Counties

Among the 17 counties in Nevada, the Percent of Families With Children Headed by a single parent ranged from a low of 11 percent in Eureka County to a high of 30.3 percent in Clark County. Only two counties, Clark and Mineral, had a higher percentage of single-parent families than the state rate of **28** percent.

Nevada's 1999 National Rank: 29[10]

"Single-parent families, particularly those formed when unmarried teenagers give birth, are a prominent focus of welfare reform."[11]

Percent of Families Headed by a Single Parent

Percent of Families With Children Headed by a Single Parent	Percent of Families Headed by a Single Parent
Carson City	27.5 %
Churchill County	20.7
Clark County	30.3
Douglas County	21.4
Elko County	20.2
Esmeralda County	24.7
Eureka County	11.0
Humboldt County	19.3
Lander County	16.9
Lincoln County	20.2
Lyon County	21.5
Mineral County	28.4
Nye County	18.6
Pershing County	19.8
Storey County	20.0
Washoe County	26.9
White Pine County	19.5
Nevada	28.0 %

Source: 1990 United States Census of Population and Housing, Summary Tape File 3A

Families in Poverty

Definition

Percent of Families in Poverty
This indicator is defined as the percentage of families with incomes below the U.S. poverty threshold. The poverty threshold is defined as three times the amount it takes to feed a family of four for one year. This indicator also looks at the percentage of families in poverty by type of family, e.g., female-headed, male-headed and two-parent families.

Significance

A generation of families with parents under the age of 30 experienced a steep decline in income over the last two decades. The typical median income of young two-parent families has dropped by 33 percent.[1] Virtually every category of young families with children has suffered major income losses.

Risk Factors

The children of poor families are most vulnerable to the lasting damage of poverty. Even a few years spent in poverty during a child's first years of life, significantly decreases learning ability and the potential to successfully complete school.[2] Families in poverty are at risk of homelessness, lack of medical care, substandard housing, poor nutrition, child maltreatment and substance abuse.[3]

Impact

- Over the past two decades, incomes have fallen by 12 percent for young families headed by married couples, 24 percent for families headed by single fathers and 22 percent for families headed by single mothers.[4]
- Housing is becoming increasingly unaffordable for young families in the United States. The percentage of parents under 30 who own their own home has dwindled from 47 percent in 1980 to 33 percent in 1994.[5]
- In the wake of welfare reform, more families are working but still living in poverty without the means to provide health insurance or adequate child care for their children.[6]
- At a time in their lives when they should be able to retire and enjoy the fruits of their labor, many grandparents find it necessary to help support the families of their adult children. Grandparents increasingly find they must share their homes and resources to keep their children and grandchildren out of poverty.[7]
- In today's world, a high school diploma provides little protection against the onslaught of poverty.[8]

Nevada

The Percent of Families in Poverty in Nevada was **23.7**. Of the 36,455 families in poverty, 55.9 percent were headed by females, 6.7 percent were headed by males and 37.3 percent were headed by couples.

Counties

Among the 17 counties in Nevada, the Percent of Families in Poverty ranged from a low of 11.1 in Storey County to a high of 36.9 in Lincoln County. The percentage of poor families headed by females ranged from a low of 31.8 in Eureka County to a high of 84.3 in Lincoln County; the percentage headed by males ranged from a low of 0 in Esmeralda and Lincoln counties to a high of 31.4 in Storey County; and, the percentage headed by couples ranged from a low of 15.7 in Lincoln County to a high of 59.1 in Eureka County.

"The difficulties experienced by low-income parents often extend to their children. Children in lower income families are more likely to have behavioral and emotional problems and are less likely to be highly engaged in school than children in upper-income families." [9]

Percent of Families in Poverty

Percent of Families in Poverty*				
	Percent In Poverty Headed by Females	Percent In Poverty Headed by Males	Percent In Poverty Headed by Couples	Percent of Families In Poverty
Carson City	43.4 %	3.4 %	53.2 %	17.0 %
Churchill County	52.1	3.8	44.1	20.8
Clark County	60.2	6.4	33.4	25.9
Douglas County	42.5	10.2	47.3	15.3
Elko County	44.9	6.4	48.7	21.1
Esmeralda County	48.1	0.0	51.9	33.8
Eureka County	31.8	9.1	59.1	22.0
Humboldt County	55.7	7.8	36.4	25.1
Lander County	48.4	1.4	50.2	21.2
Lincoln County	84.3	0.0	15.7	36.9
Lyon County	37.3	4.8	58.0	28.8
Mineral County	53.0	15.0	32.0	21.9
Nye County	45.5	6.4	48.0	21.9
Pershing County	43.2	15.3	41.5	29.7
Storey County	40.0	31.4	28.6	11.1
Washoe County	48.1	8.6	43.3	19.1
White Pine County	48.3	0.9	50.9	28.2
Nevada	55.9 %	6.7 %	37.3 %	23.7 %

* *A family consists of a householder and one or more persons living in the same household who are related to the householder by birth, marriage or adoption*

Source: 1990 United States Census of Population and Housing, Tape File 3A

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Teen Births

Definition

Teen Birth Rate

The Teen Birth Rate is the number of births to teenage females between the ages of 15 and 17, per 1,000 females. The data are reported by mother's county of residence, rather than infant's place of birth.

Significance

When teenagers have babies, the consequences are felt throughout society. Children born to teenage parents are likely to be of low birth weight, to suffer from inadequate health care, to drop out of high school, to be poor and to suffer from abuse and neglect.[1] Experts estimate that births to teens cost taxpayers about $7 billion annually due to the combination of lost tax revenues and increased spending on public assistance, child health care, foster care and the criminal justice system.[2]

Risk Factors

Research has identified four conditions associated with teenage childbearing. Teens most likely to have a child are those: 1) from economically disadvantaged families and communities, 2) not doing well in school and having low aspirations for educational achievement, 3) from dysfunctional families and 4) with substance abuse and behavioral problems.[3]

Impact

- The United States has the highest teen pregnancy rate of any industrialized country, twice as high as in England or Canada, and nine times as high as in the Netherlands or Japan.[4] About 40 percent of American women become pregnant before the age of 20.[5]
- Among 15- to 17-year-olds, the national birth rate dropped by 13 percent from 1991 to 1996.[6] There were 183,324 births to these young women in 1997.[7]
- A teenager (15-19 years of age) who does not use contraceptives has a 90 percent chance of becoming pregnant within one year.[8]
- "Sixteen percent of sexually active students in Nevada high schools indicated that neither they nor their partners used any method of birth control the last time they had sexual intercourse."[9]
- In 1997, the birth rate for women ages 15 to 17 was 15.3 per 1,000 for Asians/Pacific Islanders, 19.5 for non-Hispanic whites, 45.3 for Native Americans, 62.3 for non-Hispanic blacks and 68.2 for Hispanics.[10]
- The infant mortality rate for children born to women under age 20 is about 50 percent higher than the rate for older women. In addition, a recent study found that babies born to teen mothers are at higher risk of abuse and neglect, including death.[11]

Nevada

From 1996 to 1998, the Teen Birth Rate in Nevada was **39** per 1,000 females, ages 15-17. According to the *1999 KIDS COUNT Data Book: State Profiles in Child Well-Being*, the Teen Birth Rate in Nevada increased by more than 35 percent between 1985 and 1996.[12]

Counties

The Teen Birth Rate ranged from a low of 0 births per 1,000 females, ages 15-17 in Esmeralda County, to a high of 42 in Clark County.

** Nevada's 1999 National Rank 42[13]*

"Adolescent mothers are also at a greater risk of obtaining late or no prenatal care, both of which have been associated with low birth weight and infant mortality."[14]

** Based on teenage females 15-17 years of age.*

Teen Birth Rate

Teen Birth Rate, 1996 - 1998
(Births per 1,000 females, ages 15-17)

	1996 Births to Teens	1996 Female Population Ages 15-17	1997 Births to Teens	1997 Female Population Ages 15-17	1998 Births to Teens	1998 Female Population Ages 15-17*	Teen Birth Rates 1996-1998**
Carson City	35	832	43	847	21	929	38
Churchill County	10	491	15	532	20	531	29
Clark County	871	21,009	985	22,235	949	23,604	42
Douglas County	8	843	11	886	13	923	12
Elko County	47	1,119	41	1,180	25	1,259	32
Esmeralda County	0	32	0	32	0	23	0
Eureka County	1	43	0	39	0	36	8
Humboldt County	16	386	14	398	13	420	36
Lander County	5	191	6	178	7	175	33
Lincoln County	0	106	2	115	1	111	9
Lyon County	16	609	20	664	25	724	31
Mineral County	9	161	3	164	3	151	32
Nye County	13	532	22	630	6	659	23
Pershing County	7	155	8	158	6	215	40
Storey County	0	68	0	75	1	78	5
Washoe County	193	5,325	190	5,453	208	5,566	36
White Pine County	13	226	2	228	4	238	27
Nevada ***	1,259	32,128	1,362	33,814	1,302	35,642	39

* *Revised*

** *Rates based on small numbers should be used with caution*

*** *The sum of the counties may not equal the state total due to missing or incomplete county reference data*

Source: State of Nevada Department of Human Resources, Health Division, Office of Vital Records and Statistics, 1996, 1997, 1998

Unmarried Teen Births

Definition

Unmarried Teen Birth Rate
The Unmarried Teen Birth Rate is the number of births to unmarried teenage females between the ages of 15 and 17, per 1,000 females. The data are reported by mother's county of residence, rather than infant's place of birth.

Significance

Because of the strong correlation between single parenthood and poverty, the Unmarried Teen Birth Rate is an important predictor of children's economic well-being. "Children growing up in single-parent households typically do not have the same economic and human resources available as those growing up in two-parent families."[1] Therefore, babies born to young, unmarried teens reflect a group of children who will have to overcome high odds to thrive.

Risk Factors

The risk factors for single parenthood among teens are the same ones mentioned in the previous section. Teens most likely to have a child outside marriage are those: 1) from economically disadvantaged families and communities, 2) not doing well in school and having low aspirations for educational achievement, 3) from dysfunctional families and 4) with substance abuse and behavioral problems.[2]

Impact

- Today's teen parents face very different circumstances than their counterparts of 30 years ago. In 1965, 22 percent of teen births occurred outside of marriage.[3] The corresponding figure for 1997 was 87.[4]
- The vast majority of unmarried teen mothers choose to keep their children rather than put them up for adoption.[5]
- "Eight to 12 years after birth, a child born to an unmarried, teenage, high school dropout is 10 times more likely to be living in poverty than a child born to a mother with none of these three characteristics."[6]
- Failure in school, behavioral problems and delinquency are common among the children of unmarried teenage mothers.[7]
- More than 75 percent of all unmarried teen mothers went on welfare within five years of the birth of their first child. About 55 percent of all mothers on welfare were teenagers at the time their first child was born.[8]

Nevada

From 1996 to 1998, the Unmarried Teen Birth Rate in Nevada was **30** per 1,000 females, ages 15-17. The Annie E. Casey Foundation reported that in 1996, 77 percent of all teen births in Nevada (ages 15-19) were to unmarried teens, versus the national average of 76 percent.[9]

Counties

The Unmarried Teen Birth Rate ranged from a low of 0 in Esmeralda and Eureka counties to a high of 33 in Clark County.

** Nevada 1999 National Rank: 18*[10]

"Premature parenthood is more than a 9-month interruption in a youth's life. Rather, it can further complicate a life that is already deficient in promise, hope, and dreams for the future."[11]

** Based on teenage females 15-19 years of age.*

Unmarried Teen Birth Rate

Unmarried Teen Birth Rate, 1996 - 1998

(Births per 1000 females, ages 15 - 17)

	1996 Births to Unmarried Teens	1996 Female Population Ages 15-17	1997 Births to Unmarried Teens	1997 Female Population Ages 15-17	1998 Births to Unmarried Teens	1998 Female Population Ages 15-17*	Unmarried Teen Birth Rates 1996-1998**
Carson City	30	832	35	847	19	929	32
Churchill County	8	491	12	532	16	531	23
Clark County	660	21,009	805	22,235	751	23,604	33
Douglas County	6	843	9	886	9	923	9
Elko County	28	1,119	23	1,180	17	1,259	19
Esmeralda County	0	32	0	32	0	23	0
Eureka County	0	43	0	39	0	36	0
Humboldt County	11	386	10	398	10	420	26
Lander County	2	191	3	178	6	175	20
Lincoln County	0	106	1	115	1	111	6
Lyon County	12	609	15	664	17	724	22
Mineral County	8	161	1	164	3	151	25
Nye County	7	532	20	630	5	659	18
Pershing County	4	155	4	158	4	215	23
Storey County	0	68	0	75	1	78	5
Washoe County	155	5,325	148	5,453	159	5,566	28
White Pine County	6	226	2	228	3	238	16
Nevada ***	937	32,128	1,065	33,814	1,021	35,642	30

* Revised

** Rates based on small numbers should be used with caution

*** The sum of the counties may not equal the state total due to missing or incomplete county reference data

Source: State of Nevada Department of Human Resources, Health Division, Office of Vital Records and Statistics, 1996, 1997, 1998

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High School Dropouts and Graduates

Definition

Percent of Students Who Are High School Dropouts and Graduates
These indicators are defined as the percentage of students enrolled in grades 10-12 who drop out of high school and the percentage of high school seniors who graduated from high school.

Significance

Graduating from high school is an important indicator of a community's success in educating its children. It is also a predictor of adult success. The decline in manufacturing and the increased reliance on an information-based economy will make a high school education even more important in the future.

Risk Factors

Students are more likely to drop out of school when they are poor, live in low-income communities and come from single-parent families.[1] Early warning signs that a student is at risk are the inability to read at grade level, poor grades, truancy, substance abuse and teen pregnancy.[2]

Impact

- "High school dropouts have lower earnings, experience more unemployment and are more likely to end up on welfare and in prison than their peers who complete high school or college."[3]
- The probability of falling into poverty is three times higher for high school dropouts than for those who have finished high school.[4]
- Women who drop out of high school are more likely to become pregnant and give birth at a young age, and are more likely to become single parents than women who graduate from high school.[5]
- A child whose mother dropped out of school is twice as likely to drop out of school as the child of a mother who is a high school graduate.[6]
- In 1997, high school graduates earned an average of $7,000 more than high school dropouts ($22,154 versus $15,011).[7]
- Due to changes in the economy, between 1973 and 1995 the average hourly wage, adjusted for inflation, of high school dropouts fell by 23 percent.[8]
- The high school completion rate for Hispanics in 1996 was only 62 percent, compared with 83 percent for non-Hispanic blacks and 92 percent for non-Hispanic whites.[9]

Nevada

The percentage of students in grades 10-12 who were high school dropouts in Nevada for 1996-1998 was **12.4**. And, **74.4** percent of high school seniors in Nevada who enrolled in high school subsequently graduated.

Counties

Among the 17 counties in Nevada, the percentage of students in grades 10-12 who were high school dropouts from 1996-1998 ranged from a low of 1.3 in Lincoln County to a high of 14.8 percent in Clark County. The percentage of seniors who graduated from high school ranged from a low of 72.3 in Clark County to a high of 95.1 in Storey County.

* *Nevada's 1999 National Rank: 51*[10]

"It's true that education costs money, but so does ignorance. I believe the people of Nevada would rather spend the money now, on our children's education, than spend it later on unemployment, substance abuse counseling, or prison."[11]
Governor Kenny Guinn
State of the State Address, 1999

* *Based on teens 16-19 years of age.*

Percent of High School Dropouts and Graduates

Percent of High School Dropouts and Graduates, 1996 - 1998

	Percent of Students in Grades 10-12 Who Were High School Dropouts				Percent of High School Seniors Who Graduated from High School*			
	1996	1997	1998	Average 1996-1998	1996	1997	1998	Average 1996-1998
Carson City	6.8 %	7.5 %	6.1 %	6.8 %	81.7 %	78.9 %	80.9 %	80.5 %
Churchill County	10.5	9.6	8.4	9.5	81.0	80.5	82.3	81.3
Clark County	13.9	15.3	15.2	14.8	70.5	71.3	75.2	72.3
Douglas County	3.8	3.6	6.8	4.8	73.8	78.2	79.0	77.0
Elko County	6.2	6.0	5.7	6.0	85.0	85.8	86.9	85.9
Esmeralda County **	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Eureka County	0.0	0.0	4.8	1.6	82.4	88.5	89.7	86.8
Humboldt County	8.0	6.4	2.9	5.8	81.5	82.6	91.7	85.3
Lander County	9.5	8.1	7.4	8.3	88.2	79.2	78.4	81.9
Lincoln County	1.5	0.9	1.6	1.3	83.0	83.8	102.5	89.7
Lyon County	9.8	9.1	9.5	9.5	82.0	78.5	71.0	77.1
Mineral County	7.3	8.3	6.4	7.3	81.3	75.4	69.5	75.4
Nye County	7.0	8.4	12.9	9.4	80.3	82.1	77.1	79.9
Pershing County	5.5	6.2	1.7	4.5	87.0	88.9	88.6	88.2
Storey County	7.5	6.3	6.0	6.6	103.3	103.5	78.6	95.1
Washoe County	10.6	11.0	9.3	10.3	74.0	74.2	71.9	73.4
White Pine County	2.0	9.5	6.6	6.0	87.1	76.7	101.8	88.5
Nevada	11.9 %	12.9 %	12.5 %	12.4 %	73.4 %	73.8 %	76.1 %	74.4 %

* *Columns refer to seniors only*

** *Esmeralda students (grades 9-12) attend school in neighboring Nye County*

Source: State of Nevada Department of Education: Planning, Research and Evaluation Branch, 1996, 1997, 1998

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Teens Not in School and Not Working

Definition

Percent of Teens Not in School and Not Working

The Percent of Teens Not in School and Not Working reflects the percentage of teenagers between the ages of 16 and 19 who are not enrolled in school (full time or part time), are not employed and are not in the military.

Significance

Teens who are not attending school and not working for extended periods of time may become disconnected from society because they are not engaged in any of the key activities critical to development in late adolescence.[1] Gaps in schooling and lack of general preparation for the work force also place teens at considerable risk as they make the difficult transition from adolescence to adulthood.[2]

Risk Factors

Teens who are not in school and not working are at increased risk of juvenile delinquency, substance abuse, juvenile crime, teen pregnancy and lifelong poverty. Teens who have dropped out of high school are most vulnerable and at greatest risk.[3]

Impact

- Appropriate work experience is crucial during late adolescence. Young people who have no work experience will face enormous challenges finding and keeping jobs later in their lives.[4]
- Teens with few skills and little education encounter many obstacles and few opportunities as they attempt to progress from earning minimum wage to earning enough to adequately support themselves and their families.[5]
- Low-level skills and low-level wages make it extremely difficult for young men and women to prosper, to support their families or even to develop a standard of living that will raise them above the poverty threshold.[6]
- When young people have been out of the mainstream and are disconnected from society for three or more years, it is estimated that 37 percent of young women and 35 percent of young men are at significantly increased risk of giving birth to or fathering a child before they reach the age of 18.[7]

Nevada

The Percent of Teens Not in School and Not Working in Nevada is **7.6**. Of the 59,919 teens between the ages of 16 and 19 in Nevada, 4,564 teens were not in school and not working.

Counties

Among the 17 counties in Nevada, the percentage of teens not in school and not working ranged from a low of 1.3 in Lincoln County to a high of 18.3 in Esmeralda County. Again, it should be noted that when the calculated percentages are based on small numbers they should be viewed with caution.

Nevada's 1999 National Rank: 39[8]

"Work experience at this point in life is critical, and people who spend a large share of their young adult years unemployed have a hard time finding and keeping a job later in life."[9]

Percent of Teens Not in School and Not Working

Percent of Teens Who Are Not in School and Not Working*
(Ages 16-19)

	Percent of Teens Not in School and Not Working
Carson City	5.5 %
Churchill County	1.8
Clark County	7.7
Douglas County	4.0
Elko County	8.9
Esmeralda County	18.3 **
Eureka County	9.3
Humboldt County	3.9
Lander County	12.2
Lincoln County	1.3
Lyon County	10.9
Mineral County	12.0
Nye County	9.8
Pershing County	9.1
Storey County	15.3 **
Washoe County	7.5
White Pine County	13.7
Nevada	7.6 %

* *Percent of Teens Not in School and Not Working, Ages 16-19 is the percentage of teenagers between ages 16 and 19 who are not enrolled in school (full time or part time) and not employed (full time or part time)*

** *Percentages based on small numbers should be used with caution*

Source: U.S. Bureau of the Census, 1990 Census of Population and Housing, Summary Tape File 3A

Child Deaths

Definition

Child Death Rate

The Child Death Rate is the number of deaths (from all causes) of children between the ages of 1 and 14, per 100,000 children. The data are reported by place of residence, rather than by place of death.

Significance

The Child Death Rate is an indication of the physical health of children, the dangers children are exposed to at home and in the community and the level of adult supervision children receive. Injuries not resulting in death can cause disability and disfigurement, which may greatly affect a child's future development, well-being and achievement.[1]

Risk Factors

"In general, children are primarily at risk of unintentional injury-related death from motor vehicle injuries which include children as occupants, pedestrians and bicyclists; drowning; fire and burns; suffocation; choking; unintentional firearm injuries; poisoning; and falls. Injury rates vary with a child's age, gender, race and socioeconomic status. Younger children, male, minorities and poor children suffer disproportionately."[2] The majority of unintentional injury-related child deaths occur in the evening hours when children are likely to be out of school and unsupervised.[3]

Impact

- Among American children ages one to four, unintentional injuries were the leading cause of death, followed by birth defects and cancer. From ages 5 to 14, unintentional injuries, cancer and homicide were the leading causes of death.[4]
- For every childhood death caused by injury, there are approximately 1,000 nonfatal injuries that result in emergency room treatment, visits to private physicians and school nurses or treatment at home.[5]
- Nationally, 20-25 percent of all children sustain an injury severe enough to require medical attention, missed school and/or bed rest.[6]
- Approximately 90 percent of unintentional injuries are preventable.[7]
- "Between 1980 and 1997, the death rate declined by almost half for children ages one to four. Declines in deaths from unintentional injury and cancer were the main causes of the overall drop in mortality."[8]
- The Child Death Rate for African-American children ages one to four remains almost twice that for white children in the same age group (59.2 per 100,000 vs. 31.5 per 100,000), according to 1997 statistics.[9]

Nevada

Between 1996 and 1998, the Child Death Rate in Nevada was 27 per 100,000 children. During this period, 298 children between the ages of 1 and 14 died in Nevada. According to the *1999 KIDS COUNT Data Book: State Profiles in Child Well-Being*, the 1996 Child Death Rate in the United States was 26 per 100,000 children between the ages of 1 and 14.[10]

Counties

The Child Death Rate in the 13 counties for which statistically reliable rates could be calculated, ranged from a low of 0 in Esmeralda, Lincoln and Mineral counties to a high of 49 in Lyon County.

Nevada's 1999 National Rank: 32[11]

"Nearly 50% of all child deaths reviewed by the Team [Clark County Child Death Review Team] are preventable. Lack of supervision by the caretaker is the number one cause of most accidental/preventable child deaths."[12]

Child Death Rate

Child Deaths and Death Rate, 1996 - 1998

(Deaths per 100,000 children, ages 1-14)

	1996 Child Deaths	1996 Population Ages 1-14	1997 Child Deaths	1997 Population Ages 1-14	1998 Child Deaths	1998 Population Ages 1-14	Child Death Rates 1996-1998
Carson City	3	8,755	4	9,365	2	9,575	32
Churchill County	1	4,742	1	5,226	0	5,205	13
Clark County	61	229,657	69	252,458	72	265,361	27
Douglas County	0	7,380	1	7,259	1	7,435	N.M. **
Elko County	7	10,860	0	11,716	4	11,880	32
Esmeralda County	0	272	0	226	0	216	0
Eureka County	0	334	1	323	0	302	N.M. **
Humboldt County	2	3,684	2	4,201	1	4,198	41
Lander County	1	1,587	0	1,796	2	1,766	N.M. **
Lincoln County	0	812	0	761	0	755	0
Lyon County	7	5,739	2	6,198	0	6,353	49
Mineral County	0	1,457	0	1,425	0	1,369	0
Nye County	1	4,720	5	4,982	1	5,251	47
Pershing County	1	1,517	0	1,589	1	1,711	42
Storey County	0	624	0	546	1	545	N.M. **
Washoe County	13	60,668	14	62,233	16	62,738	23
White Pine County	1	2,083	0	2,083	0	2,104	16
Nevada *	98	344,530	99	372,387	101	386,764	27

* *The sum of the counties may not equal the state total due to missing or incomplete county reference data*

** *N.M. = not meaningful. Calculated rates based on very small numbers are not statistically reliable*

Source: State of Nevada Department of Human Resources, Health Division, Office of Vital Records and Statistics, 1996, 1997, 1998

Child Abuse and Neglect

Definition

Child Abuse and Neglect Report Rate

Child abuse is defined as the nonaccidental injury or pattern of injuries to a child under the age of 18. Child abuse includes physical injury, neglect, emotional abuse and sexual molestation. In Nevada, child abuse and neglect reports are divided into three outcome classifications: ***Substantiated***, ***Unsubstantiated*** and ***Unknown***.[1]

Significance

Research on the effects of child abuse and neglect document both immediate and long-term harm to children. Child maltreatment can result in death, permanent disability and delayed development, and has been shown to be a factor in mental and behavioral problems, sexual problems, criminal behavior, depression and suicide.[2]

Risk Factors

Children are at increased risk for abuse if their parents were abused as children, if their parent is cohabiting, if their parents abuse drugs and alcohol and if their family is very poor.[3] The potential for abuse is greatly increased if the parents were abused as children themselves and if they have poor parenting skills or unrealistic expectations of their child.[4]

Impact

- The impact of child abuse on children, families and society is profound and devastating. An estimated 1,238 children died in 1997 as a result of abuse or neglect, more than 3 children every day.[5]
- The vast majority of children who die from child maltreatment are very young: nationally, 79 percent of the victims are under the age of five and 39 percent are less than one year old at the time of their death.[6]
- Forty percent of child-maltreatment deaths involved children who had current or prior contact with child-protective service agencies.[7]
- The economic consequences of child abuse and neglect are staggering. In 1995, it costs the nation over $11.2 billion to deal with the tragic and far-reaching consequences of child maltreatment.[8]
- Despite concerns about abduction by strangers and abuses by day-care providers, Nevada statistics show that over 80 percent of substantiated cases of abuse were caused by a natural parent.[9]
- A growing trend in the U.S. is placing children of abuse and neglect in homes of their relatives rather than in traditional foster-care homes. This trend has been attributed to a decline in the number of traditional foster-care homes, an increase in the number of children who need foster care and a change in attitude by judges and welfare workers regarding the significance of kin foster care.[10]

Nevada

Of the 13,705 total reports of suspected child abuse and neglect received, 4,743 or 34.6 percent were substantiated. The 1998 substantiated child abuse rate in Nevada was **16.4** per 1,000 children under age 18. Overall, there were 8,014 victims of substantiated child abuse and neglect and **1.69** victims of child abuse and neglect per substantiated report. The total number of child abuse and neglect reports has increased 28 percent from 1988 to 1998. The most commonly documented type of maltreatment was lack of supervision, 21.6 percent of all incidents, followed by physical neglect, (18.1 percent) and minor physical injury (12.4 percent).

Counties

Of the total number of child-abuse reports received in 1998, Clark County received 59.5 percent of all reports. Washoe County received 20.9 percent and the rural counties received 19.6 percent.
The total percentage of substantiated child abuse reports received in 1998, ranged from an average of 18.5 percent in the rural counties, to 31.9 percent in Washoe County and 40.9 percent in Clark County.

"Despite the increased implementation of child death review committees and administrative attention to the issue of child abuse fatalities, recent research continues to indicate that such cases are substantially underreported."[11]
Prevent Child Abuse America

Child Abuse and Neglect Reports

1998 Child Abuse and Neglect Reports*
(Ages 17 or less)

	Total Reports	Substantiated**	Unsubstantiated**	Unknown**	Substantiated Child Abuse Reports as a Percent of Total Reports***
Carson City	638	144	479	15	22.6 %
Churchill County	442	67	345	30	15.2
Clark County	8,152	3,333	4,384	435	40.9
Douglas County	197	25	169	3	12.7
Elko County	311	79	220	12	25.4
Esmeralda County	0	0	0	0	0.0
Eureka County	13	2	11	0	15.4
Humboldt County	166	19	131	16	11.4
Lander County	89	14	71	4	15.7
Lincoln County	18	6	12	0	33.3
Lyon County	312	53	237	22	17.0
Mineral County	85	12	70	3	14.1
Nye County	195	32	145	18	16.4
Pershing County	73	19	46	8	26.0
Storey County	21	1	19	1	4.8
Washoe County	2,866	914	1,612	340	31.9
White Pine County	127	23	102	2	18.1
Rural Counties	2,687	496	2,057	134	18.5
Nevada	13,705	4,743	8,053	909	34.6 %

* *Reported by county of occurrence*
** *See General Information*
*** *Percentages based on small numbers should be used with caution*
Source: State of Nevada Department of Human Resources, Division of Child and Family Services

Child Abuse and Neglect Victims

1998 Child Abuse and Neglect Victims (Substantiated* Cases Only)
(Ages 17 or less)

	Number of Victims of Substantiated Child Abuse and Neglect	Victims of Child Abuse and Neglect per Substantiated Report	Population Ages 17 or less	Reported Child Abuse Rate***
Carson City**	226	1.57	12,217	18.5 %
Churchill County**	105	1.57	6,666	15.8
Clark County	5,749	1.72	333,424	17.2
Douglas County**	39	1.57	9,598	4.1
Elko County**	124	1.57	15,153	8.2
Esmeralda County**	0	1.57	283	0.0
Eureka County**	3	1.57	396	7.9
Humboldt County**	30	1.57	5,437	5.5
Lander County**	22	1.57	2,249	9.8
Lincoln County**	9	1.57	1,031	9.1
Lyon County**	83	1.57	8,269	10.1
Mineral County**	19	1.57	1,739	10.8
Nye County**	50	1.57	6,877	7.3
Pershing County**	30	1.57	2,177	13.7
Storey County**	2	1.57	701	2.2
Washoe County	1,487	1.63	78,927	18.8
White Pine County**	36	1.57	2,735	13.2
Rural Counties	778	1.57	75,529	10.3
Nevada	8,014	1.69	487,879	16.4 %

* *Substantiated: The reported abusive or neglectful situation/incident is confirmed through the investigation/assessment process*

** *Individual rural county victim counts are estimated by applying the known rural county substantiated victim count per rural county substantiated report count to each individual rural county substantiated report count.*

*** *Case rates based on small numbers should be used with caution*

Source: State of Nevada Department of Human Resources; Division of Child and Family Services

Child Abuse and Neglect Statistics

Nevada Child Maltreatment Report Trends Percent Change 1987 - 1998			
	1987	1998	% Change
Unknown	263	909	71 %
Unsubstantiated	3,464	8,053	57
Substantiated	3,806	4,743	20
Total Reports	7,533	13,705	45 %

Source: Nevada Department of Human Resources: Division of Child and Family Services, 1998

Nevada Child Abuse and Neglect Substantiated Cases, 1998 Percent and Type of Child Maltreatment		
Type of Maltreatment	# of Incidents to Children	Percent of Total Incidents
Physical Neglect	1,926	18.1 %
Lack of Supervision	2,299	21.6
Educational Neglect	241	2.3
Medical Neglect	251	2.4
Abandonment	228	2.1
Emotional Abuse/Neglect	312	2.9
Minor Physical Injury	1,325	12.4
Major Physical Injury	71	0.7
Sex Abuse/Exploitation	269	2.5
Other	3,717	34.9
Fatal	13	N/A
Total Reports	10,651*	

* *Reports frequently include multiple types of maltreatment and more than a single incident*
Source: Nevada Department of Human Resources: Division of Child and Family Services, 1998

Juvenile Violent Crime

Definition

Juvenile Violent Crime Arrest Rate
The Juvenile Violent Crime Arrest Rate reflects the rate at which youths between the ages of 10 and 17 are arrested for violent crimes. In Nevada, juvenile violent crime includes murder, non-negligent manslaughter, rape, robbery and aggravated assault.

Significance

Being arrested for a violent crime is clearly a danger sign that a young person may be headed down the wrong path in life.[1] Violence also affects the quality of life for all those who experience, witness or feel threatened by it. Today, a greater percentage of violent acts result in serious injury or death compared to twenty years ago. Research data indicate 75 percent of the most serious crimes are committed by 15 percent of repeat juvenile offenders.[2]

Risk Factors

Risk factors for juvenile violent crime include poverty, lack of education, limited job skills, a history of child abuse and neglect, family violence and inadequate supervision. Poor school performance, chronic truancy and prior criminal history are additional risk factors.[3]

Impact

- Nationally, the Juvenile Violent Crime arrest rate increased substantially between 1980 and 1996, from 334.1 to 464.7 per 100,000. There was a steady increase in the rate between 1990 and 1994, with declines in recent years.[4] This means only about one half of one percent of teens are arrested for a violent crime in any given year.
- Research shows that most criminal acts committed by teens occur in the late afternoon, when young people are often unsupervised.[5]
- The *Nevada Youth Risk Behavior Survey Report* found that one fifth of Nevada high school students carried a weapon such as a gun, knife or club during the 30 days period to the survey.[6]
- During 1996, 19 percent of everyone arrested for a violent crime was under age 18.[7]
- In Nevada, the 1996 Juvenile Violent Crime arrest rate was 362 per 100,000, lower than the national rate of 471 per 100,000.[8]
- Nevada's 1996 rate for property crime arrests for this age group (arrests for burglary, larceny/theft, motor vehicle theft and arson) was 3,174 per 100,000, higher than the national rate of 2,444 per 100,000.[9]
- "Males are much more likely than females to be victims of serious violent crimes. In 1997, the serious violent crime victimization rate was 33 per 1,000 male youth compared to 21 per 1,000 female youth."[10]

Nevada

The Juvenile Violent Crime Arrest Rate in Nevada from 1996 to 1998 was **332** arrests per 100,000 youth, ages 10-17. During this period, there were 1,916 juvenile violent crime arrests of youth between the ages of 10 and 17.

Counties

Only two counties, Storey and White Pine, had incalculable Juvenile Violent Crime Arrest Rates. Among the 15 counties for which statistically reliable rates could be calculated, Carson and Clark counties had the highest rates, 495 and 382, respectively.

Nevada: 1998 National Rank: 25[11]
(1999 rank not available)

"Behavioral research of the 1990's has established the unsettling fact that children who demonstrate aggressive, anti-social behavior in early childhood are more likely to become violent in their adolescence."[12]

Juvenile Violent Crime Arrest Rate

Juvenile Violent Crime* Arrest Rate, 1996 - 1998

(Arrests per 100,000 teens, ages 10-17)

	1996 Juvenile Violent Crime Arrests	1996 Population Ages 10-17	1997 Juvenile Violent Crime Arrests	1997 Population Ages 10-17	1998 Juvenile Violent Crime Arrests	1998 Population Ages 10-17	Juvenile Violent Crime Arrest Rates 1996-1998
Carson City	16	4,866	40	5,047	19	5,247	495
Churchill County	3	2,843	1	2,964	7	2,995	125
Clark County	466	118,039	519	126,962	468	135,109	382
Douglas County	3	4,507	6	4,778	3	4,926	84
Elko County	13	6,425	13	6,640	10	6,827	181
Esmeralda County	0	160	0	163	0	153	0
Eureka County	0	198	0	209	0	202	0
Humboldt County	5	2,228	1	2,308	0	2,353	87
Lander County	0	984	0	985	2	982	68
Lincoln County	0	561	0	570	0	574	0
Lyon County	1	3,596	3	3,827	0	4,057	35
Mineral County	4	839	2	846	0	812	240
Nye County	8	2,845	9	3,143	11	3,352	300
Pershing County	2	871	1	907	1	1,026	143
Storey County	0	361	0	395	1	399	**
Washoe County	97	30,795	96	31,440	85	32,189	294
White Pine County	0	1,312	0	1,327	0	1,341	**
Nevada ***	618	181,430	691	192,511	607	202,544	332

* *Juvenile Violent Crime includes: Murder and Non-negligent Manslaughter, Rape, Robbery and Aggravated Assault*

** *Calculated rates based on very small numbers are not statistically reliable*

*** *The sum of the counties may not equal the state total due to missing or incomplete county reference data*

Source: State of Nevada Department of Motor Vehicles and Public Safety, Nevada Highway Patrol Records and Identification Services, 1996, 1997, 1998

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Teen Deaths by Accidents, Homicide & Suicide

Definition

Rate of Teen Deaths by Accident, Homicide and Suicide
The Rate of Teen Deaths by Accident, Homicide and Suicide is the number of deaths from accidents, homicides and suicides, per 100,000 teens, ages 15-19. The data are reported by county of residence, rather than by where the death occurred.

Significance

The teen years are a time in which young people confront increased dangers to their health and safety, and many engage in risk-taking behavior. The Rate of Teen Deaths by Accident, Homicide and Suicide remained virtually unchanged from 1985 to 1996. During this period, a decline in teen deaths due to accidents (primarily automobile accidents) was partly offset by a significant increase in the number of homicides. "However, between 1994 and 1996, the number of teen homicides fell by 18 percent, which may signal a change in long-term trends." [1]

Risk Factors

Research indicates that poverty, the increased availability of handguns, gang activity and the increase in teens who drive automobiles are all risk factors associated with teen violent death.[2]

Impact

- In 1996, the death rate from all causes for adolescents ages 15 to 19 was 79 deaths per 100,000. Injury, which includes homicide, suicide and unintentional injuries, continues to account for four out of five deaths among this age group.[3]
- "Injuries from motor vehicles and firearms are the primary causes of death among youth ages 15-19.[4] Motor-vehicle accidents accounted for 36 percent of deaths in this age group in 1996, while injuries from firearms accounted for 27 percent." [5]
- "In 1996, the motor-vehicle traffic death rate for males was nearly twice the rate for females, and the firearm death rate among males was seven times that for females." [6]
- The 1996 rate of firearm-related deaths for African-American males in this age group was 108.1 per 100,000, due largely to the high rate of deaths due to homicide. This was more than four and a half times the rate for their white peers.[7]
- The *Nevada Youth Risk Behavior Survey Report 1997* found that only 34 percent of Nevada high school students always wore a seatbelt in the car and 35 percent had ridden in a car driven by someone who had been drinking alcohol within the previous 30 days.[8]

Nevada

The Rate of Teen Deaths by Accident, Homicide and Suicide in Nevada from 1996 to 1998 was **74** deaths per 100,000 teens, ages 15-19. During this period, a total of 248 teens between the ages of 15 and 19 died as a result of homicide, suicide or accident. According to the *1999 KIDS COUNT Data Book: State Profiles in Child Well-Being*, the 1996 rate for the United States was 62 per 100,000.[9]

Counties

Among the 12 counties in Nevada for which statistically reliable rates could be calculated, the Teen Violent Death Rate ranged from a low of 0 in Esmeralda and Mineral counties to a high of 102 in Nye County. For the five counties in which the calculated rates were not meaningful because of small population numbers, only raw numbers are provided. Five counties had a Teen Violent Death Rate higher than the state rate of 74.

- *Nevada's 1999 National Rank on Teen Deaths by Accidents, Homicide & Suicide in 1996: 37*[10]
- *Nevada's 1999 National Rank on Deaths by Accidents in 1995: 28*[11]
- *Nevada's 1999 National Rank on Deaths by Homicide in 1995: 35*[12]

"Fifteen percent of Nevada high school students drove a car or other vehicle when they had been drinking alcohol during the 30 days preceding the [1997] survey." [13]

Teen Deaths by Accidents, Homicide & Suicide

Rate of Teen Deaths by Accidents, Homicide & Suicide, 1996-1998
(Deaths per 100,000 teens, ages 15-19)

	1996 Teen Violent Deaths	1996 Population Ages 15-19	1997 Teen Violent Deaths	1997 Population Ages 15-19	1998 Teen Violent Deaths	1998 Population Ages 15-19	Teen Violent Death * Rates	
Carson City	0	2,827	1	2,935	0	3,116	11	
Churchill County	2	1,707	1	1,750	1	1,792	76	
Clark County	52	67,873	49	72,897	66	78,832	76	
Douglas County	3	2,720	2	2,947	1	3,162	68	
Elko County	4	3,745	0	3,963	5	4,155	76	
Esmeralda County	0	104	0	107	0	100	0	
Eureka County	0	129	1	117	0	126	N.M.	***
Humboldt County	2	1,315	0	1,412	0	1,455	48	
Lander County	0	611	0	627	4	597	N.M.	***
Lincoln County	0	384	0	393	2	393	N.M.	***
Lyon County	0	2,126	1	2,261	3	2,443	59	
Mineral County	0	525	0	553	0	513	0	
Nye County	0	1,769	5	1,982	1	2,158	102	
Pershing County	0	488	1	514	0	617	62	
Storey County	0	233	0	246	0	253	N.M.	***
Washoe County	12	17,478	9	17,861	20	18,551	76	
White Pine County	0	809	0	823	0	854	N.M.	***
Nevada **	75	104,843	70	111,388	103	119,117	74	

* *Teen Violent Deaths includes: homicide, suicide and accidents*

** *The sum of the counties may not equal the state total due to missing or incomplete county reference data*

*** *N.M. = not meaningful. Calculated rates based on very small numbers are not statistically reliable*

Source: State of Nevada Department of Human Resources, Health Division, Office of Vital Records and Statistics

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Teen Suicide

Definition

Teen Suicide Rate

The Teen Suicide Rate is the number of deaths from suicide, per 100,000 teens, ages 15-19. The data are reported by county of residence, rather than by where the death occurred.

Significance

The teenage years are often a period of turmoil. Teens are learning new social roles, developing new relationships, experiencing changes in their bodies and making decisions about the future. Too often, the stress of these challenges is complicated by outside forces, such as drug or alcohol abuse, family breakup, domestic violence or sexual abuse.[1] When a young person reaches the breaking point, he or she may decide that committing suicide is the only way out.

Risk Factors

One of the most dangerous times in a teen's life is when he or she has suffered a loss or a humiliation of some kind: doing poorly on an exam, breaking up with a boyfriend or girlfriend or experiencing the trauma of parents' divorce. A family history of suicide is also a significant risk factor for a young person.[2]

Impact

- Suicide, like homicide, has come to play a proportionately larger role in teen deaths over the past several decades. Since 1950, the suicide rate for persons aged 15-24 has tripled.[3]
- Suicide is the third-leading cause of death among people aged 15-24. Some experts estimate that each year nearly 5,000 teenagers commit suicide.[4]
- Although females 15-19 are more likely than males to attempt suicide, males are four to six times more likely to actually kill themselves.[5]
- Firearms are the most frequently used weapon in suicides.[6]
- From 1981 to 1991, Nevada's Teen Suicide Rate was between 1.5 and 2.4 times the national rate, leading to a consistent annual ranking among the top-ten states with the highest rates of teen suicide.[7] Likewise, the rate of attempted suicide by Nevada teens is twice the national average.[8]
- According to The *Nevada Youth Risk Behavior Survey Report 1997*, 22 percent of Nevada high school students seriously considered attempting suicide during the year prior to the survey, 15 percent made a plan to kill themselves and 8 percent actually attempted suicide one or more times.[9]

Nevada

The Teen Suicide Rate in Nevada from 1996 to 1998 was **14** deaths per 100,000 teens, ages 15-19. During this period, a total of 46 teens between the ages of 15 and 19 took their own lives. According to the Annie E. Casey Foundation, the national teen suicide rate in 1995 was 10.[10]

Counties

Among the 13 counties for which statistically reliable rates could be calculated, the Teen Suicide Death Rate ranged from a low of 0 in several counties to a high of 20 in Washoe County, followed by 19 in Churchill County.

Nevada 1999 National Rank on Deaths by Suicide in 1995: 49[11]

According to the American Psychiatric Association: "Young people who have attempted suicide in the past or who talk about suicide are at greater risk of future attempts. Listen for hints like 'I'd be better off dead' or 'I won't be a problem to you much longer!'"[12]

Teen Suicide Rate

Teen Suicide Death Rate, 1996 - 1998

(Deaths per 100,000 teens, ages 15-19)

	1996 Teen Suicide Deaths	1996 Population Ages 15-19	1997 Teen Suicide Deaths	1997 Population Ages 15-19	1998 Teen Suicide Deaths	1998 Population Ages 15-19	Teen Suicide Death Rates 1996-1998	
Carson City	0	2,827	0	2,935	0	3,116	0	
Churchill County	0	1,707	1	1,750	0	1,792	19	
Clark County	9	67,873	8	72,897	9	78,832	12	
Douglas County	0	2,720	1	2,947	0	3,162	11	
Elko County	0	3,745	0	3,963	1	4,155	8	
Esmeralda County	0	104	0	107	0	100	0	
Eureka County	0	129	0	117	0	126	0	
Humboldt County	0	1,315	0	1,412	0	1,455	0	
Lander County	0	611	0	627	2	597	N.M.	**
Lincoln County	0	384	0	393	0	393	0	
Lyon County	0	2,126	1	2,261	2	2,443	N.M.	**
Mineral County	0	525	0	553	0	513	0	
Nye County	0	1,769	0	1,982	1	2,158	17	
Pershing County	0	488	0	514	0	617	0	
Storey County	0	233	0	246	0	253	N.M.	**
Washoe County	4	17,478	1	17,861	6	18,551	20	
White Pine County	0	809	0	823	0	854	N.M.	**
Nevada *	13	104,843	12	111,388	21	119,117	14	

* *The sum of the counties may not equal the state total due to missing or incomplete county reference data*

** *N.M. = not meaningful. Calculated rates based on very small numbers are not statistically reliable*

Source: State of Nevada Department of Human Resources, Health Division, Office of Vital Records and Statistics, 1996, 1997, 1998

Endnotes

Early Care & Education

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[12]American Psychiatric Association. Available at http://www.psych.org/public_info/TEENAG~1.HTM.

General Information

Limitations of the Data

It is important to recognize that no data are perfect and in any data-collection process there may be concerns about the accuracy of the data. In all cases, the best available data were used. It should be noted that in some data tables, the sum of the county data may not equal the state total due to rounding and/or missing county-reference data. In these cases, an explanatory footnote is included. Because rates based on small denominators are statistically unreliable, rates were not calculated for counties with small denominators. Instead, the designation N.M. = not meaningful is noted in the table. Raw data are provided wherever possible.

Multiyear Rolling Average

The atypical population distribution in Nevada creates a serious "rare event" problem in many counties. New this year is the use of multiyear rolling averages to help stabilize rates wherever possible.

Definitions and Data Sources

The definitions and data sources for the majority of child well-being indicators are either provided in the text or the tables. Additional sources on demographics and more elaborate definitions and/or sources for selected indicators are provided below.

Nevada Demographic Profile Sources

- *Nevada State Demographer.* State population, Clark County population and Washoe County population
- U.S. Bureau of the Census, *Statistical Abstract of the United States: 1998,* (118th edition) Washington DC, 1998, p. 471: Median household income
- *Nevada Facts, Nevada: The Official State of Nevada Website:* Land area

Nevada Child Demographics Sources

- *When Teens Have Sex: Issues and Trends, The Annie E. Casey Foundation, 1998:* Percent of births to teens receiving no late or prenatal care and Percent of births to teens receiving no late or prenatal care by race
- *State of Nevada Department of Human Resources, Division of Child and Family and Family Services, 1998:* Number of 1997 adoptions finalized and Foster care
- Personal Communication with State of Nevada Department of Human Resources, Division of Child and Family Services Adoption Specialist: 1999 adoptions finalized
- *Nevada State Demographer:* Child population, Percent of children and Percent of poor children
- *1999 KIDS COUNT Data Book, The Annie Casey Foundation:* Percent of children covered by Medicaid or other public-sector health insurance
- *U.S. Bureau of the Census, Statistical Abstract of the United States: 1998, (118th edition) Washington DC, 1998, p. 392:* Number of students benefiting from the National School Lunch Program
- Definition of Related Children: Only children who live in a household where they are related to the householder are included in this analysis. These "related children" include the householder's children by birth, marriage or adoption, as well as other persons under the age of 18, who are related to the head of household.

Early Care & Education reflects the holistic nature of early childhood programs. Children's health, education and safety must be viewed in the context of the home and the community. Care and education occur simultaneously in the environment of every young child. Most child-care providers consciously plan educational experiences for the children in their care.

Questions regarding procedures used in the CBER study should be directed to:
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Health Care

See Early Care & Education for procedures

Percent of Children in Poverty is the percentage of children under 18 who live in families with incomes below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget.

Child Abuse Neglect

Substantiated: "The reported abusive or neglectful situation/ incident is confirmed through the investigation/assessment process."

Unsubstantiated: "The abusive or neglectful situation was not confirmed through the investigation."

Unknown: "The receiving/ investigating agency was unable to locate the alleged perpetrator and/or interview the child, there was insufficient information or evidence, or the information was too old to pursue."

Child Abuse and Neglect Statistics, 1998, State of Nevada Division of Child and Family Services, p. ii.

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Partners

Nevada KIDS COUNT

The Center for Business and Economic Research, located at the University of Nevada, Las Vegas, is a university-based organization, founded in 1975, which offers research and analysis services to public, private and governmental entities and provides data collection, data analysis and interpretation services on the social, economic and demographic impacts of events and policy initiatives in Nevada.

The University of Nevada Cooperative Extension, with offices in 16 of the 17 counties in Nevada, is an educational outreach unit of the University of Nevada, Reno. The University of Nevada Cooperative Extension provides educational programs throughout the state by conducting needs assessments, designing and delivering educational programs and conducting evaluation studies.

School of Social Work, University of Nevada Las Vegas, founded in the early 1970s, is the only school of social work in the southern region of the state. The school offers a curriculum designed to educate both undergraduate and graduate students in the delivery of human services to individuals, families, groups, organizations and communities. Concentrations in the Masters of Social Work program include Direct Practice; Administration, Practice and Planning and Child Welfare. The school offers consultation, research, needs assessment and program evaluation to public and nonprofit entities.

The Nevada Title IV-B, Family Preservation and Family Support Steering Committee, a statewide committee based on federal legislation, has inclusive geographical and organizational representation. The Title IV-B Committee developed and guided the implementation of the *Nevada Title IV-B, Family Preservation and Family Support Five-Year Plan* that was submitted to the United States Department of Health and Human Services in 1995.

The Nevada KIDS COUNT Advisory Council, formally established in 1995, is a dedicated, 33-member council that includes statewide representation from a wide range of diverse organizations working with children or families in Nevada. This broad-based representation encompasses state government, county governments, public and private agencies; Nevada KIDS COUNT partners; data partners; data providers and the business community.

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